

Determining Eligibility for Special Education In South Dakota

A Technical Assistance Document



**Developed by the
State of South Dakota
Department of Education
Office of Educational Services and Support,
Special Education Programs
700 Governors Drive,
Pierre, SD 57501**

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It is the policy of the South Dakota Department of Education to provide services to all persons without regard to race, creed, religion, sex, disability, ancestry, or national origin in accordance with State Law (SDCL 20-13) and Federal Law (Title VI of Civil Rights Act of 1964, the Rehabilitation Act of 1973 as amended, and the Americans with Disabilities Act of 1990).

MISSION STATEMENT

Special Education Programs

South Dakota Department of Education

Special Education Programs, located in the South Dakota Department of Education advocates for the availability of the full range of personnel, programming, and placement options, including early intervention and transition services, required to assure that all individuals with disabilities are able to achieve maximum independence upon exiting from school. In accomplishing this mission, Special Education Programs:

1. Provides the leadership and technical support essential for school districts, other public agencies, and families to meet the individualized needs of children and youth with disabilities eligible for early intervention programming, special education, or special education and related services;
2. facilitates and, where federal and/or state policy mandates, oversees collaboration among all agencies and individuals involved in the provision of early intervention programming and special education or special education and related services;
3. ensures statewide compliance with all state and federal mandates governing the provision of early intervention programming, special education or special education and related services; and
4. administers the distribution of state and federal funds appropriated to assure the provision of early intervention programming, special education, or special education and related services for all eligible infants, toddlers, children and youth with disabilities.

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INTRODUCTION

When the 1995 Legislature adopted its new funding system for special education, it also required DOE to develop administrative rules which “further define special education processes regarding student identification, the placement committee process and create an extraordinary cost oversight board.” Following this directive, DOE convened a special education task force. The task force, chaired by Representative Janice Nicolay, consisted of legislators, educational cooperative directors, superintendents, higher education representatives, local district special education directors and a parent representative. After more than a year of study, expert consultation and public testimony, the special education task force proposed a set of administrative rules which set forth identification criteria in major categories of disability.

Regarding student identification, or eligibility criteria, the task force decided to adopt the disability categories as defined in the federal Individuals With Disabilities Education Act (IDEA) and quantify, to the extent possible, the federal definitions. For example, the federal definition of specific learning disabilities speaks to a student exhibiting a “severe discrepancy between achievement and intellectual ability.” The task force defined “severe discrepancy” for South Dakota students at 1.5 standard deviations between achievement and intellectual ability.

While the task force reviewed student eligibility criteria from surrounding states, members focused on criteria currently used by several South Dakota school districts. Thus, administrative rules reflect, in large part, a criterion that is used, and seems to work for many of our school districts.

The task force proposed a revised definition of children in need of “prolonged assistance.” This is a state-specific category pertinent to infants and toddlers, ages birth through two years, in need of early intervention. The category is important to school districts because districts are responsible for providing these children with early intervention services. The definition would narrow the scope of school district responsibility.

The task force also proposed definitions for occupational therapy and physical therapy as related service necessary to support special education. Due to a wide variability across the state of children receiving these therapies, the task force felt that criteria would bolster consistency in service provision.

Finally, the task force proposed a method of local IEP team override of eligibility criteria. The override is important because there are children who will not “fit” certain criteria, yet their need for special education instruction remains. Further, the federal Office of Special Education Programs requires this flexibility at the local level, particularly for students with specific learning disabilities. The IEP team override is to be used cautiously, not in a routine manner.

On June 28, 1996, the South Dakota Board of Education held a public hearing regarding proposed administrative rule for eligibility criteria, and passed those rules. However, the proposed definitions for occupational therapy and physical therapy were not adopted due to concerns expressed by parents and professionals to the board. The definitions were revisited at a later date. The final definitions for occupational therapy and physical therapy were adopted by the South Dakota Board of Education on January 27, 1997.

The definition for mental retardation was called into question during the inservice training for the eligibility criteria. A revised definition for mental retardation was adopted by the South Dakota Board of Education on January 27, 1997.

Regardless of the category under which a student is eligible for special education, the disabling condition does not affect the way the special education program is developed or where the services occur. Eligibility determination is a separate process from developing an individual education program and determining placement.

In August 2006, OSEP (Office of Special Education Programs) reauthorized IDEA. Through this reauthorization, OSEP reviewed and changed eligibility criteria, nomenclature and procedures. The Office of Education Services and Support (OESS), in conjunction with experts throughout the state, have reviewed and modified our ARSDs and Eligibility criteria to match the updated federal regulations.

Among the changes, the use of the RtI (Response to Intervention) model for determining eligibility for specific learning disability has been addressed. This multi-tiered process allows for the use of scientifically based research methods and highly effective teaching strategies to intervene with an individual student who may be experiencing learning difficulties in the classroom. This early intervening process allows educators to address issues early rather than the previous “wait-to-fail” process.

In addition to the policy changes, the workgroups evaluated terminology in order to be more sensitive to our ever changing society and populations. For example, the use of the term “Mentally Retarded” has now been changed to “Cognitive Disability”. This type of sensitivity is an acknowledgement of individuals with special needs and a sign of respect.

Throughout this guide, parents, students and educators alike will find some answers for the most appropriate plan for children with suspected disabilities.

ADMINISTRATIVE RULES OF SOUTH DAKOTA
PERTAINING TO ELIGIBILITY FOR SPECIAL EDUCATION IN SOUTH
DAKOTA

CHAPTER 24:05:24.01

ELIGIBILITY CRITERIA

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<p>24:05:24.01:01. Students with disabilities defined. Students with disabilities are students evaluated in accordance with chapter 24:05:25 as having autism, deaf-blindness, deafness, hearing loss, cognitive disability, multiple disabilities, orthopedic impairment, other health impairments, emotional disturbance, specific learning disabilities, speech or language impairments, traumatic brain injury, or vision loss, including blindness, which adversely affects educational performance, and who, because of those disabilities, need special education or special education and related services. If it is determined through an appropriate evaluation, under chapter 24:05:25, that a student has one of the disabilities identified in this chapter, but only needs a related service and not special education, the student is not a student with a disability under this article. If, consistent with this chapter, the related service required by the student is considered special education, the student is a student with a disability under this article.</p>	
<p>Source: 23 SDR 31, effective September 8, 1996; 26 SDR 150, effective May 22, 2000; 33 SDR 236, effective July 5, 2007.</p>	

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:02. Screening procedures for autism. If a student is suspected of having autism, screening procedures for autism shall include a review of any medical, hearing, and vision data on the student; the history of the student's behavior; and the student's current patterns of behavior related to autism.

Source: 18 SDR 90, effective November 25, 1991; transferred from § [24:05:25](#) :27, 23 SDR 31, effective September 8, 1996.

General Authority: SDCL 13-37-1.1, 13-37-28.

Law Implemented: SDCL 13-37-1.1, 13-37-28.

24:05:24.01:03. Autism defined. Autism is a developmental disability that significantly affects verbal and nonverbal communication and social interaction and results in adverse effects on the child's educational performance.

Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

The term does not apply if the student's educational performance is adversely affected primarily because the student has an emotional disturbance as defined under Part B of Individuals with Disabilities Education Act.

Source: 20 SDR 33, effective September 8, 1993; transferred from § [24:05:25](#) :27.01, 23 SDR 31, effective September 8, 1996; 26 SDR 150, effective May 22, 2000.

General Authority: SDCL 13-37-1.1, 13-37-28.

Law Implemented: SDCL 13-37-1.1, 13-37-28.

24:05:24.01:04. Diagnostic criteria for autism. An autistic disorder is present in a student if at least six of the following twelve characteristics are expressed by a student with at least two of the characteristics from subdivision (1), one characteristic from subdivision (2), and one characteristic from subdivision (3):

(1) Qualitative impairment in social interaction, as manifested by at least two of the following:

- (a) Marked impairment in the use of multiple nonverbal behaviors, such as eye-to-eye gaze, facial expression, body postures, and gestures, to regulate social interaction;
- (b) Failure to develop peer relationships appropriate to developmental level;
- (c) A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people, such as a lack of showing, bringing, or pointing out objects of interest;
- (d) Lack of social or emotional reciprocity;

(2) Qualitative impairment in communication as manifested by at least one of the following:

- (a) Delay in, or total lack of, the development of spoken language not accommodated by an attempt to compensate through alternative modes of communication, such as gesture or mime;
- (b) In an individual with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others;
- (c) Stereotyped and repetitive use of language or idiosyncratic language;
- (d) Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level;

(3) Restricted repetitive and stereotyped patterns of behavior, interests, and activities as manifested by at least one of the following:

- (a) Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus;
- (b) Apparently inflexible adherence to specific, nonfunctional routines or rituals;
- (c) Stereotyped and repetitive motor mannerisms, such as hand or finger flapping or twisting, or complex whole-body movements;
- (d) Persistent preoccupation with parts of objects.

A student with autism also exhibits delays or abnormal functioning in at least one of the following areas, with onset generally prior to age three: social interaction, language used as a social communication, or symbolic or imaginative play. A student who manifests the characteristics of autism after age three could be diagnosed as having autism if the criteria in this section are satisfied.

Source: 23 SDR 31, effective September 8, 1996; 26 SDR 150, effective May 22, 2000.

General Authority: SDCL 13-1-12.1, 13-37-1.1, 13-37-28.

Law Implemented: SDCL 13-37-1.1, 13-37-28.

24:05:24.01:05. Diagnostic procedures for autism. School districts shall refer students suspected as having autism for a diagnostic evaluation to an agency specializing in the diagnostic and educational evaluation of autism or to another multidisciplinary team or group of persons who are trained and experienced in the diagnosis and educational evaluation of persons with autism.

A student suspected of autism must be evaluated in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

The evaluation shall utilize multiple sources of data, including information from parents and other caretakers, direct observation, performance on standardized tests of language/communication and cognitive functioning and other tests of skills and performance, including specialized instruments specifically developed for the evaluation of students with autism.

Source: 18 SDR 90, effective November 25, 1991; transferred from § 24:05:25:29, 23 SDR 31, effective September 8, 1996.

General Authority: SDCL 13-37-1.1, 13-37-28.

Law Implemented: SDCL 13-37-1.1, 13-37-28.

24:05:24.01:06. Instruments used in diagnosis of autism. Instruments used in the diagnosis of students suspected of having autism include those which are based on structured interviews with parents and other caregivers, behavior rating scales, and other objective behavior assessment systems.

Instruments used in the diagnosis of students with autism must be administered by trained personnel in conformance with the instructions provided by their producer.

No single instrument or test may be used in determining diagnosis or educational need. Specific consideration must be given to the following issues in choosing instruments or methods to use in evaluating students who are suspected of having autism:

- (1) The student's developmental level and possible deviations from normal development across developmental domains;
- (2) The student's primary mode of communication;
- (3) The extent to which instruments and methods identify strengths as well as deficits; and
- (4) The extent that instruments and methods are tailored to assess skills in relationship to everyday activities and settings.

Source: 18 SDR 90, effective November 25, 1991; transferred from § 24:05:25:30, 23 SDR 31, effective September 8, 1996.

General Authority: SDCL 13-37-1.1, 13-37-28.

Law Implemented: SDCL 13-37-1.1, 13-37-28.

24:05:24.01:07. Deaf-blindness defined. Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education program solely for children with deafness or children with blindness.

Source: 23 SDR 31, effective September 8, 1996; 33 SDR 236, effective July 5, 2007.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:08. Deafness defined. Deafness is a hearing loss that is so severe that the student is impaired in processing linguistic information through hearing, even with amplification, and that adversely affects a student's educational performance.

A student may be identified as deaf if the unaided hearing loss is in excess of 70 decibels and precludes understanding of speech through the auditory mechanism, even with amplification, and the student demonstrates an inability to process linguistic information through hearing, even with amplification.

Source: 23 SDR 31, effective September 8, 1996; 33 SDR 236, effective July 5, 2007.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:09. Developmental delay defined. A student three, four, or five years old may be identified as a student with a disability if the student has one of the major disabilities listed in § 24:05:24.01:01 or if the student experiences a severe delay in development and needs special education and related services.

A student with a severe delay in development functions at a developmental level two or more standard deviations below the mean in any one area of development specified in this section or 1.5 standard deviations below the mean in two or more areas of development.

The areas of development are cognitive development, physical development, communication development, social or emotional development, and adaptive development.

The student may not be identified as a student with a disability if the student's delay in development is due to factors related to environment, economic disadvantage, or cultural difference.

A district is not required to adopt and use the term developmental delay for any students within its jurisdiction. If a district uses the term developmental delay, the district must conform to both the division's definition of the term and to the age range that has been adopted by the division.

A district shall ensure that all of the student's special education and related services needs that have been identified through the evaluation procedures described under chapter 24:05:25 are appropriately addressed.

Source: 23 SDR 31, effective September 8, 1996; 26 SDR 150, effective May 22, 2000; 33 SDR 236, effective July 5, 2007.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:10. Hearing loss defined. A student may be identified as having a hearing loss if an unaided hearing loss of 35 to 69 decibels is present that makes the acquisition of receptive and expressive language skills difficult with or without the help of amplification.

Source: 23 SDR 31, effective September 8, 1996; 33 SDR 236, effective July 5, 2007.

General Authority: SDCL 13-1-12.1, 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:11. Cognitive disability defined. Cognitive disability is significantly below-average general intellectual functioning that exists concurrently with deficits in adaptive behavior skills, that is generally manifested before age eighteen, and that adversely affects a student's educational performance. The required evaluative components for identifying a student with a cognitive disability are as follows:

(1) General intellectual functioning two standard deviations or more below the mean as determined by the full scale score on an individual cognitive evaluation, plus or minus standard error of measurement, as determined in accordance with § [24:05:25:04](#); and

(2) Exhibits deficits in adaptive behavior and academic or preacademic skills as determined by an individual evaluation in accordance with § [24:05:25:04](#).

Source: 23 SDR 31, effective September 8, 1996; 23 SDR 139, effective March 10, 1997; 33 SDR 236, effective July 5, 2007.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:12. Multiple disabilities defined. Multiple disabilities means concomitant impairments (such as a cognitive disability-blindness or a cognitive disability-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness.

Source: 23 SDR 31, effective September 8, 1996; 33 SDR 236, effective July 5, 2007.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:13. Orthopedic impairment defined. Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

There must be evidence of the following:

(1) That the student's impaired motor functioning significantly interferes with educational performance;

(2) That the student exhibits deficits in muscular or neuromuscular functioning that significantly limit the student's ability to move about, sit, or manipulate materials required for learning;

(3) That the student's bone, joint, or muscle problems affect ambulation, posture, or gross and fine motor skills; and

(4) That current medical data by a qualified medical evaluator describes and confirms an orthopedic impairment.

Source: 23 SDR 31, effective September 8, 1996; 33 SDR 236, effective July 5, 2007.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:14. Other health impaired defined. Other health impaired means having limited

strength, vitality, or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment, because of a chronic or acute health problem, such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, attention deficit disorder or attention deficit hyperactivity disorder, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, Tourette syndrome, or diabetes, that adversely affects a student's educational performance.

Adverse effects in educational performance must be verified through the full and individual evaluation process as defined in subdivision [24:05:13:01](#) (18).

Source: 23 SDR 31, effective September 8, 1996; 26 SDR 150, effective May 22, 2000; 33 SDR 236, effective July 5, 2007.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:15. Prolonged assistance defined. Children from birth through two may be identified as being in need of prolonged assistance if, through a multidisciplinary evaluation, they score two standard deviations or more below the mean in two or more of the following areas: cognitive development, physical development including vision and hearing, communication development, social or emotional development, and adaptive development.

Source: 23 SDR 31, effective September 8, 1996.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:16. Emotional disturbance defined. Emotional disturbance is a condition that exhibits one or more of the following characteristics to a marked degree over a long period of time:

- (1) An inability to learn that cannot be explained by intellectual, sensory, or health factors;
- (2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- (3) Inappropriate types of behavior or feelings under normal circumstances;
- (4) A general pervasive mood of unhappiness or depression; or
- (5) A tendency to develop physical symptoms or fears associated with personal or school problems.

The term, emotional disturbance, includes schizophrenia. The term does not apply to a student who is socially maladjusted unless the IEP team determines pursuant to § 24:05:24.01:17 that the student has an emotional disturbance.

Source: 23 SDR 31, effective September 8, 1996; 26 SDR 150, effective May 22, 2000; 33 SDR 236, effective July 5, 2007.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:17. Criteria for emotional disturbance. A student may be identified as emotionally disturbed if the following requirements are met:

(1) The student demonstrates serious behavior problems over a long period of time, generally at least six months, with documentation from the school and one or more other sources of the frequency and severity of the targeted behaviors;

(2) The student's performance falls two standard deviations or more below the mean in emotional functions, as measured in school, home, and community on nationally normed technically adequate measures; and

(3) An adverse effect on educational performance is verified through the multidisciplinary evaluation process as defined in subdivision [24:05:13:01](#) (18).

A student may not be identified as having an emotional disturbance if common disciplinary problem behaviors, such as truancy, smoking, or breaking school conduct rules, are the sole criteria for determining the existence of an emotional disturbance.

Source: 23 SDR 31, effective September 8, 1996; 26 SDR 150, effective May 22, 2000; 33 SDR 236, effective July 5, 2007.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:18. Specific learning disability defined. Specific learning disability is a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not apply to students who have learning problems that are primarily the result of visual, hearing, or motor disabilities; cognitive disability; emotional disturbance; or environmental, cultural, or economic disadvantage.

Source: 23 SDR 31, effective September 8, 1996; 33 SDR 236, effective July 5, 2007.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:19. Criteria for specific learning disability. A group of qualified professionals and the parent of the child may determine that a child has a specific learning disability if:

(1) The child does not achieve adequately for the child's age or does not meet state-approved grade-level standards in one or more of the following areas, if provided with learning experiences and instruction appropriate for the child's age or state-approved grade-level standards:

- (a) Oral expression;
- (b) Listening comprehension;
- (c) Written expression;
- (d) Basic reading skill;
- (e) Reading fluency skills;
- (f) Reading comprehension;
- (g) Mathematics calculation; and
- (h) Mathematics problem solving;

(2)(a) The child does not make sufficient progress to meet age or state-approved grade-level standards in one or more of the areas identified in this section when using a process based on the child's response to scientific, research-based intervention; or

(b) The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments, consistent with this article; and

(3) The group determines that its findings under this section are not primarily the result of:

- (a) A visual, hearing, or motor disability;
- (b) A cognitive disability;
- (c) Emotional disturbance;
- (d) Cultural factors;
- (e) Environmental or economic disadvantage; or
- (f) Limited English proficiency.

To ensure that underachievement in a child suspected of having a specific learning disability is not

due to lack of appropriate instruction in reading or math, the group must consider, as part of the evaluation described in this article, data that demonstrate that prior to, or as a part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel, and data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child's parents.

The school district must promptly request parental consent to evaluate the child to determine whether the child needs special education and related services, and must adhere to the timeframes described in this article unless extended by mutual written agreement of the child's parents and a group of qualified professionals. The district must request such consent if, prior to a referral, a child has not made adequate progress after an appropriate period of time when provided instruction, as described in this section, and whenever a child is referred for an evaluation.

Source: 23 SDR 31, effective September 8, 1996; 33 SDR 236, effective July 5, 2007.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:20. Speech or language disorder defined. Speech or language impairment is a communication disorder such as stuttering, impaired articulation, a language disorder, or a voice disorder that adversely affects a child's educational performance.

Source: 23 SDR 31, effective September 8, 1996; 33 SDR 236, effective July 5, 2007.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:21. Articulation disorder defined. Articulation disorders include all non-maturational speech deviations based primarily on incorrect production of speech sounds. Articulation disorders include omissions, substitutions, additions, or distortions of phonemes within words. Articulation patterns that can be attributed to cultural or ethnic background are not disabilities.

Source: 23 SDR 31, effective September 8, 1996.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:22. Criteria for articulation disorder. A student may be identified as having an articulation disorder if one of the following criteria exist:

(1) Performance on a standardized articulation test falls two standard deviations below the mean and intelligibility is affected in conversation;

(2) Test performance is less than two standard deviations below the mean but the student is judged unintelligible by the speech and language clinician and one other adult;

(3) Performance on a phonological assessment falls in the profound or severe range and intelligibility is affected in conversation;

(4) Performance on a phonological assessment falls in the moderate range, intelligibility is affected in conversation, and during a tracking period of between three and six months there was a lack of improvement in the number and type of errors; or

(5) An error persists six months to one year beyond the chronological age when 90 percent of students have typically acquired the sound based on developmental articulation norms.

Source: 23 SDR 31, effective September 8, 1996.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:23. Fluency disorder defined. A fluency disorder is an interruption in the flow of speaking characterized by atypical rate, rhythm, and repetitions in sounds, syllables, words, and phrases. This may be accompanied by excessive tension, struggle behavior, and secondary mannerisms.

Source: 23 SDR 31, effective September 8, 1996.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:24. Criteria for fluency disorder. A student may be identified as having a fluency disorder if:

(1) The student consistently exhibits one or more of the following symptomatic behaviors of dysfluency:

- (a) Sound, syllable, or word repetition;
- (b) Prolongations of sounds, syllables, or words;
- (c) Blockages; or
- (d) Hesitations.

(2) There is a significant discrepancy from the norm as measured by speech sampling in a variety of contexts. A significant discrepancy from the norm is five dysfluencies a minute; or

(3) The disruption occurs to the degree that the individual or persons who listen to the individual react to the manner of speech and the disruptions in a way that impedes communication.

Source: 23 SDR 31, effective September 8, 1996; 33 SDR 236, effective July 5, 2007.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:25. Voice disorder defined. A voice disorder is characterized by the abnormal production or absence of vocal quality, pitch, loudness, resonance, duration which is inappropriate for an individual's age or gender, or both.

Source: 23 SDR 31, effective September 8, 1996.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:26. Criteria for voice disorder. A student may be identified as having a voice disorder if:

- (1) Consistent deviations exist in one or more of the parameters of voice: pitch, quality, or volume;
- (2) The voice is discrepant from the norm for age, gender, or culture and is distracting to the listener; and
- (3) The disorder is not the result of a temporary problem, such as normal voice changes, allergies, colds, or similar conditions.

Source: 23 SDR 31, effective September 8, 1996.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:27. Language disorder defined. A language disorder is a reduced ability, whether developmental or acquired, to comprehend or express ideas through spoken, written, or gestural language. The language disorder may be characterized by limited vocabulary, an inability to function through the use of words (pragmatics) and their meanings (semantics), faulty grammatical patterns (syntax and morphology), or the faulty reproduction of speech sounds (phonology). A language disorder may have a

direct or indirect affect on a student's cognitive, social, emotional, or educational development or performance and deviates from accepted norms. The term language disorder does not include students whose communication problems result solely from a native language other than English or from their dialectal differences.

Source: 23 SDR 31, effective September 8, 1996.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:28. Criteria for language disorder. A student may be identified as having a language disorder as a primary disability if:

(1) Through age eight, performance falls 1.5 standard deviations below the mean on standardized evaluation instruments; beginning at age nine, a difference is present of 1.5 standard deviations between performance on an individually administered standardized language assessment instrument and measured expected potential as measured by an individually administered intelligence test; and

(2) The student's pragmatic skills, as measured by checklists, language samples, or observation, adversely affect the student's academic and social interactions.

Source: 23 SDR 31, effective September 8, 1996.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:29. Traumatic brain injury defined. A traumatic brain injury is an acquired injury to the brain caused by an external physical force, resulting in a total or partial functional disability or psychosocial impairment, or both, that adversely affects a student's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

Adverse effects in educational performance must be verified through the multidisciplinary evaluation process as defined in subdivision 24:05:13:01(12).

Source: 23 SDR 31, effective September 8, 1996.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:30. Vision loss including blindness defined. Vision loss including blindness is an impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes both partial sight and blindness.

A student with a vision loss has a deficiency in visual acuity that, even with the use of lenses or corrective devices, requires special education or special education and related services.

Partial sight is one or more deficiencies in visual acuity, as follows:

- (1) Visual acuity of no better than 20/70 in the better eye after correction;
- (2) Restricted visual field;
- (3) Limited ability to move about safely in the environment because of visual disability.

Blindness is a deficiency in visual acuity of 20/200 or less in the better eye with correcting lenses or a limited field of vision in which the widest diameter subtends an angular distance of no greater than twenty degrees or has a medically indicated expectation of visual deterioration.

Source: 23 SDR 31, effective September 8, 1996; 33 SDR 236, effective July 5, 2007.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

24:05:24.01:31. IEP team override. If the IEP team determines that a student is eligible for special education or special education and related services because the student has a disability and needs special education even though the student does not meet specific requirements in this chapter, the IEP team must include documentation in the record as follows:

(1) The record must contain documents that explain why the standards and procedures that are used with the majority of students resulted in invalid findings for this student;

(2) The record must indicate what objective data were used to conclude that the student has a disability and is in need of special education. These data may include test scores, work products, self-reports, teacher comments, previous tests, observational data, and other developmental data;

(3) Since the eligibility decision is based on a synthesis of multiple data and not all data are equally valid, the team must indicate which data had the greatest relative importance for the eligibility decision; and

(4) The IEP team override decision must include a sign-off by the IEP team members agreeing to the override decision. If one or more IEP team members disagree with the override decision, the record must include a statement of why they disagree signed by those members.

The district director of special education shall keep a list of students on whom the IEP team override criteria were used to assist the state in evaluating the adequacy of student identification criteria.

Source: 23 SDR 31, effective September 8, 1996; 26 SDR 150, effective May 22, 2000.

General Authority: SDCL 13-37-1.1.

Law Implemented: SDCL 13-37-1.1.

Disability Codes	0500	Deaf-Blind
	0505	Emotional Disturbance
	0510	Cognitive Disability
	0515	Hearing Impairments
	0525	Specific Learning Disabled
	0530	Multiple Disabilities
	0535	Orthopedic Impairments
	0540	Visually Impaired
	0545	Deafness
	0550	Speech/Language Impairments
	0555	Other Health Impaired
	0560	Autism
	0565	Traumatic Brain Injury
	0570	Developmental Delay

STATISTICAL OVERVIEW

Choosing appropriate assessment instruments is a vital step in the evaluation process. Having a basic understanding of the terms and concepts used provides the evaluator with the knowledge and skills to ensure that the student will be appropriately evaluated.

A. Norm Referenced/Criterion Referenced

1. Norm referenced instruments compare a student's performance with a norm, which indicates a student's ranking relative to that group.
 - a. norm referenced instruments provide standard scores, percentiles/stanines, and standard deviation scores.
 - b. examples: Woodcock-Johnson Tests of Achievement-III, Wechsler Individual Achievement Test-2, Kaufman Test of Educational Achievement-II
2. Criterion referenced instruments compare a student's performance with a criterion or an expected level of performance. Criterion referenced tests provide useful information for program planning for the individual student.
 - a. can obtain percentage, indicate mastery, etc.
 - b. examples: BRIGANCE, Qualitative Reading Inventory-4

Some of the individual achievement tests such as the Woodcock Reading Mastery Tests and KeyMath are both norm- and criterion-referenced.

B. Standardization:

1. The test selected must be representative of the student to be evaluated.
2. The sample should be based on the most recent census data of the United States according to: age, race, ethnicity, grade, socioeconomic status, place of residence (urban/rural), and geographic location.
3. To be adequately standardized, there must be at least 100 children per age or grade level.
4. A standardization sample (also called a normative sample) should be current because of the rapidly expanding knowledge base that exists for children today. When a test is revised with a new standardization sample, the old test should not be used to ensure the accuracy of obtained scores and for comparison across examinees.

C. Reliability:

1. Reliability is the consistency or accuracy of test scores.
2. A reliability coefficient expresses the degree of consistency in measurement of the test scores. The reliability coefficient (r) ranges from 1.00 (indicating perfect reliability) to .00 (indicating absence of reliability).
3. The standard error of measurement (SEM) provides an estimate of the amount of error associated with an individual's obtained score. Factors to consider:
 - a. the lower the SEM, the better, and
 - b. use a range when reporting test scores. The SEM provides the basis for forming the confidence interval.
Confidence interval = obtained score +/- Z(SEM). Z values for 90% and 95% levels of confidence are 1.65 and 1.96, respectively.

D. Three methods of estimating reliability:

1. Test/retest (stability) method estimates how stable the scores are over time. The test is administered to the same group of children two times using a specified interval and then correlated to determine consistency. Generally, the shorter the retest interval, the higher the reliability coefficient. If the two administrations of the test are close in time, there is a relatively great risk of carryover and practice effects.
2. Equivalent (parallel) forms method uses two different but equivalent forms of a test. They are administered to the same group of children and the results are correlated.

3. Internal consistency (split-half) method involves splitting the test items of a test into halves. The test is administered to a group of children and the answers are divided into odd/even, then correlated.
- E. Factors that affect reliability:
1. the number of items on the test;
 2. the interval between testing;
 3. guessing (true-false/multiple choice tests);
 4. effects of memory and practice; and
 5. variations in the testing conditions.
- F. Reliability in general:
1. How reliable is reliable? The answer depends on the use of the test. However, reliability coefficients of .80 or greater are generally accepted as meeting the minimum criteria for most purposes.
 2. For a test used to make a decision that affects a student's future, evaluators must be certain to minimize any error in classification. Thus, a test with a reliability coefficient of .90 or above should be considered (e.g., intelligence tests).
 3. For screening instruments, a reliability coefficient of .70 or higher is generally accepted as meeting minimum reliability criteria.
- G. Validity:
1. Answers the question - Does the test measure what it is supposed to measure? The most recent standards emphasize that validity is a unitary concept that represents all of the evidence that supports the intended interpretation of a measure. In other words, it is viewed as a unitary concept based on various kinds of evidence.
 2. Three types of evidence for validity:
 - a. Content related evidence - determined by examining 3 factors:
 1. Are the test items relevant?
 2. Are there enough items on the entire test for each area and/or skill?
 3. Are the testing procedures appropriate?
 - b. Criterion-related evidence - the extent to which the test results correlate with that student's performance on another measure of the same construct.
 1. Concurrent evidence represents how much the results agree with the results from another test measuring the same construct.
 2. Predictive evidence represents how well the results of the test predict the future success of the student (the higher the r the better)
 - c. Construct evidence - the extent to which the test measures the construct it purports to measure. The gathering of construct validity evidence is an ongoing process that is similar to amassing support for a complex scientific theory.
- H. Factors that affect validity include:
1. reliability;
 2. intervening conditions; and
 3. test-related factors (e.g. anxiety, motivation, speed, directions, administration procedures).
- I. Relation between reliability and validity:
Reliability (consistency) of measurement is needed to obtain valid results. An assessment that produces totally inconsistent results cannot possibly provide valid information about the performance being measured. On the other hand, highly consistent assessment results may be measuring the wrong thing. Thus, low reliability indicates that a low degree of validity is present, but high reliability does not ensure a high degree of validity. In short, reliability is a necessary but not sufficient condition for validity.
- J. Choosing an assessment instrument for eligibility:

1. must be normed on the student's age in order to compare current performance to other age peers; and
 2. must measure the skill areas identified through the referral process as areas of concern (i.e., reading, motor skills, language skills, etc.)
- K. Interpreting the assessment results:
1. The assessment needs to be administered and scored according to the directions given in the test manual. If there are any modifications or deviations from the way a test was standardized, this should be noted in any evaluation results or reports, stating that current results may not be valid due to testing modifications.
 2. Standard scores should always be reported. Standard scores are raw scores that have been converted to equal units of measurement. They have a given mean and standard deviation. Standard scores from one test are comparable to standard scores on other assessments, if based upon the same mean and standard deviation.
 3. Age- and grade- equivalent scores should not be used in determining eligibility. These scores are computed by determining the average raw score obtained on a test by students of various ages and grade placements. Since age-equivalent and grade-equivalent scores are based on unequal units, they are not comparable across tests or even subtests of the same battery of tests. Thus, they can be misleading. These scores should not be reported.
- L. General Information:
1. Standard deviation is a measure of variability in a set of scores, or spread of scores. Essentially, it is the average of the distances scores are from the mean.
 - ❑ Standard deviations of intelligence tests are typically 15 points, but always refer to the test manual to determine standard deviation.
 - ❑ Approximately 68 percent of the scores fall within one standard deviation above and below the mean.
 2. Standard error of measurement (SEM) indicates how much a person's score might vary if examined repeatedly with the same test. It is perhaps the most useful index of reliability for the interpretation of individual scores. This index is used to create a confidence interval around an observed score. As a reminder, **when determining eligibility, the only time the SEM range is to be utilized is for the category of cognitive disability**. For all other disability categories, the standard score received must be used.
 3. Regression equations – “The equation takes into account regression-to-the mean effects, which occur when the correlation between two measures is less than perfect, and the standard error of measurement of the difference score. The regression-to-the mean effect means that children who are above average on one measure will tend to be less superior on the other, whereas those who are below average on the first measure will tend to be less inferior on the second. Use of the most effective regression equation requires knowledge of the correlation between the two tests used in the equation; the correlation should be based on a large representative sample.” (Sattler, 1988) As a reminder, **the regression to the mean effect must be considered when determining if a specific learning disability exists, using the discrepancy model**.

LIST OF TEST INSTRUMENTS FOR EVALUATIVE PURPOSES

Administrative Rules of South Dakota, [ARSD 24:05:25:04](#) . Evaluation procedures.

States that school districts shall ensure, at a minimum, that evaluation procedures include the following:

- (1) Tests and other evaluation materials are provided and administered in the child's native language or by another mode of communication that the child understands, unless it is clearly not feasible to do so. Any standardized tests that are given to a child:
 - (a) Have been validated for the specific purpose for which they are used; and
 - (b) Are administered by trained and knowledgeable personnel in conformance with the instructions provided by their producer;
- (2) Tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient;
- (3) Tests are selected and administered so as best to ensure that a test administered to a child with impaired sensory, manual, or speaking skills accurately reflects the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than the child's impaired sensory, manual, or speaking skills except where those skills are the factors which the test purports to measure;
- (4) No single procedure is used as the sole criterion for determining eligibility or an appropriate educational program for a child;
- (5) A variety of assessment tools and strategies are used to gather relevant functional and development information about the child, including information provided by the parents, that may assist in determining:
 - (a) Whether the child is a child with a disability; and
 - (b) The content of the child's IEP, including information related to enabling the child:
 - (i) To be involved in and progress in the general curriculum; or
 - (ii) For a preschool child, to participate in appropriate activities;
- (6) Technically sound instruments, assessment tools, and strategies are used that:
 - (a) May assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors; and
 - (b) Provide relevant information that directly assists persons in determining the educational needs of the child;
- (7) The child is assessed in all areas related to the suspected disability, including, as applicable, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities;
- (8) The evaluation is sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified;

- (9) Materials and procedures used to assess a child with limited English proficiency are selected and administered to ensure that they measure the extent to which the child has a disability and needs special education, rather than measuring the child's English language skills; and
- (10) If an assessment is not conducted under standard conditions, a description of the extent to which it varied from standard conditions (e.g., the qualifications of the person administering the test, or the method of test administration) must be included in the evaluation report.

The following list of tests is intended to be used as a brief guide when determining which assessment measures to use when evaluating children.

The following list of tests is intended to be used as a brief guide when determining which assessment measures to use when evaluating children. The tests are reviewed as to the adequacy of the standardization sample, reliability, and validity, primarily using the Mental Measurements Yearbooks and test manuals.

INDIVIDUALLY ADMINISTERED ACHIEVEMENT TESTS	AGE/GRADE LEVELS	STANDARDI- ZATION	RELIABILITY	VALIDITY	COMMENTS
Basic Achievement Skills Individual Screener (1983)	1 - 12 grade	Questionable	Questionable	Questionable	
Basic School Skills Inventory-3 rd Edition (1998)	4-0 to 8-11 years	Questionable-small, but representative	Adequate	Questionable	Used in pre-referral process & screening at-risk children
BRIGANCE Assessment of Basic Skills-Revised, Spanish Edition (ABS-R)	Pre – Grade 9	NA	NA	NA	Criterion referenced
BRIGANCE Comprehensive Inventory of Basic Skills-Revised (CIBS-R) (2005)	Pre – Grade 9	NA	NA	NA	Criterion referenced
BRIGANCE Comprehensive Inventory of Basic Skills-Revised (Normed portions, 2005)	Pre – Grade 9	Adequate	Adequate	Adequate	Adequate for standardized sections of assessment
BRIGANCE Inventory of Early Development-II (IED-II)	Birth – 7 years	NA	NA	NA	Criterion referenced
BRIGANCE Inventory of Essential Skills (IES)	Remedial – Grade 6+, Adult Ed	NA	NA	NA	Criterion referenced
Diagnostic Achievement Battery-Third Edition (2001)	6-0 to 14-11 years	Adequate	Adequate	Adequate	
Diagnostic Achievement Test for Adolescents – 2 (1993)	12 to 18-11 years	Inadequate	Questionable	Inadequate	Not a very low floor
Developmental Tasks for Kindergarten Readiness II (1994)	Pre – K	Questionable- Low representation of Hispanic and Asian children	Adequate	Questionable	Best used for screening & as functional measure
Hammill Multiability Achievement Test (1998)	7-0 to 17-11 years	Adequate	Adequate	Questionable	Screening
Hudson Education Skills Inventory (1989)	K – 12	NA	NA	NA	Criterion referenced
Kaufman Functional Academic Skills Test (1994)	15 to 85+	Questionable- Northeast and West sample low	Adequate	Adequate	
Kaufman Survey of Early Academic & Language Skills(1993)	3 to 6-11 years	Questionable-no racial data	Adequate	Questionable	
Kaufman Test of Educational Achievement 2 nd Ed (2004)	4-6 to 25-11 years	Adequate	Adequate	Adequate	Age & grade norms available

INDIVIDUALLY ADMINISTERED ACHIEVEMENT TESTS	AGE/GRADE LEVELS	STANDARDI-ZATION	RELIABILITY	VALIDITY	COMMENTS
Kaufman Test of Educational Achievement – Brief Form 2 nd Ed. (2004)	4-6 to 25-11 years	Adequate	Adequate	Adequate	Best used for screening
Woodcock McGrew Werder Mini-Battery of Achievement (1994)	4 years to adult	Adequate	Adequate	Adequate	Screening
Multilevel Academic Skills Inventory (1982)	1 – 8 th grade	NA	NA	NA	Criterion referenced
Norris Educational Achievement Test (1992)	4 to 17 years	Inadequate	Questionable	Questionable	
Peabody Individual Achievement- R (1998)	5 to 22 yrs K-12 th grade	Adequate	Adequate	Adequate	
Process Assessment of the Learner (2000)	K-6	Questionable-low sample size	Questionable	Inadequate	Best used as a functional measure
Quick Score Achievement Test (1987)	7 to 17-11 years	Adequate	Adequate	Questionable	
Scaled Curriculum Achievement Levels Test (1992)	3 – 8 th grade	Inadequate	Questionable	Inadequate	Best used as a functional measure
Wechsler Individual Achievement Test 2 (2001)	4 to 85 years	Adequate	Adequate	Adequate	
Wide Range Achievement Test-4 (2006)	5 to 75 years	Questionable	Questionable	Inadequate	Limited item Sample-best used as a screen
Wide Range Achievement Test – Expanded (2001)	4 to 24 years	Adequate	Questionable	Questionable	
Woodcock-Johnson- III Tests of Achievement (2001)	2 years to adult	Adequate	Adequate	Adequate	
Young Children’s Achievement Test (2000)	4 to 7-11 years	Adequate	Adequate	Adequate	

INDIVIDUALLY ADMINISTERED READING TESTS	AGE/GRADE LEVELS	STANDARDI-ZATION	RELIABILITY	VALIDITY	COMMENTS
Analytical Reading Inventory-6 (1998)	Primer- 9 th grade	NA	NA	NA	Criterion referenced
Basic Early Assessment of Reading (2002)	K – 3 rd grade	NA	NA	NA	Criterion referenced
Bader Reading & Language Inventory –3 (1998)	PP – 12 th grade	NA	NA	NA	Criterion referenced
Burns – Roe Informal Reading Inventory 6 th Edition (2002)	Pre – 12 th grade	NA	NA	NA	Informal- Not a standardized test
Classroom Reading Inventory-9 th Edition (2000)	Pre – 8 th grade	NA	NA	NA	Informal
Comprehensive Test of Phonological Processing (1999)	5 to 24-11 years	Adequate	Questionable	Questionable	Best used as a functional measure
Decoding Skills Test (1985)	1 st – 5 th grade reading levels	NA	NA	NA	Criterion referenced
Diagnosis Instructional Aid, Reading A & B (1974)	1 st – 6 th grade	Outdated Norms	Inadequate	Inadequate	
Diagnostic Assessments of Reading (1992)	1 st grade – 12 th grade reading levels	NA	NA	NA	Criterion referenced
Diagnostic Reading Scales (Spache) (1981)	1 – 7 & poor readers 8-12 grades	NA	NA	NA	Criterion referenced- As of June 2002 this test is out of print
Durrell Analysis of Reading Difficulty-3 rd Edition (1980)	1 - 6 grade	NA	NA	NA	Criterion referenced
Early Reading Diagnostic Assessment (2001)	K – 3 rd grade	Inadequate- Excludes LD, Hearing, Vision, Speech & Language, & ESL students	Questionable	Questionable	
Ekwall/Shanker Reading Inventory (2001)	K – 9 th grade	NA	NA	NA	Criterion referenced
El Paso Phonics Survey (1985)	K – 3 rd grade reading level	NA	NA	NA	Criterion referenced
Formal Reading Inventory (1986)	1 - 12 grade	Questionable	Questionable	Questionable	
Gates-McKillop- Horowitz Reading Diagnostic Test-2 nd Edition (1981)	1 – 6 th grade	Questionable- lack of information	Inadequate	Inadequate	
Gates-MacGinitie Reading Tests-4 th Edition (2000)	K-12 grade & Adults	Adequate	Adequate	Adequate	
Gilmore Oral Reading Test (1968)	1 - 8 grade	Outdated Norms	Inadequate	Inadequate	
Gray Oral Reading Test – 4 (2001)	6 to 18-11 years	Adequate	Adequate	Adequate	
Gray Oral Reading Tests – Diagnostic (1991)	5-6 to 12-11 years	Adequate	Questionable	Questionable	

INDIVIDUALLY ADMINISTERED READING TESTS	AGE/GRADE LEVELS	STANDARDI-ZATION	RELIABILITY	VALIDITY	COMMENTS
Gray Silent Reading (1997)	7 to 25 years	Adequate- except Males 7-8 yrs old underrepresented	Adequate	Adequate	
Informal Reading Inventory (1989)	Pre - 12 grade	NA	NA	NA	Criterion referenced
Phonological Awareness Test 1 (1992)	Pre to elementary	NA	NA	NA	Criterion referenced
Prescriptive Reading Inventory Reading System (1980)	K - 9 grade	NA	NA	NA	Criterion referenced
Qualitative Reading Inventory -4 (2005)	Pre – HS reading levels	NA	NA	NA	Criterion referenced
Quick Survey Word List (1985)	NA	NA	NA	NA	Screening - Designed to determine if the student has the skills to read material at 4 th grade level or above
Rosewell-Chall Diagnostic Reading Test (1959)	2 nd to 6 th grade	Outdated Norms	Questionable	Questionable	Screen for word analysis skills
Scholastic Abilities Test for Adults (1991)	16 & over	Adequate	Questionable	Questionable	
Sipay Word Analysis Test (1974)		NA	NA	NA	Criterion referenced
SRA Diagnosis Instructional Aid - Reading A & B (1974)	1 -6 grade	NA	NA	NA	Criterion referenced
Slosson Oral Reading Test, Revised (1990)	Pre - to adult	Questionable-Data claims to match census and does not. No special populations included.	Adequate	Adequate	Screening
Sulcher-Allred Reading Placement Inventory (1981)	Pre - 9 grade	NA	NA	NA	Criterion referenced
Standardized Reading Inventory-2 (1999)	6-0 to 14-6	Inadequate	Inadequate	Inadequate	
Stanford Diagnostic Reading Test-4 th Edition (1996)	Grades 1.5 to 12.9	Adequate- Be cautious when using with college level. Little info for this age group.	Questionable	Questionable	Can be group administered
Test of Early Reading Ability –3 (2001)	3-6 to 8-6 years	Adequate	Adequate	Adequate	
Test of Reading Comprehension-3 (1995)	7 to 17-11 years	Adequate	Adequate	Adequate	
Test of Silent Reading Skills (2001)	7 to 14 years	Questionable	Questionable	Questionable	

INDIVIDUALLY ADMINISTERED ACHIEVEMENT TESTS	AGE/GRADE LEVELS	STANDARDI- ZATION	RELIABILITY	VALIDITY	COMMENTS
Test of Word Reading Efficiency (1999)	6 to 24-11 years	Questionable- Minorities underrepresented.	Questionable	Questionable	
Woodcock Diagnostic Reading Battery (1997)	4 to 95 years	Adequate	Adequate	Questionable	Selected subtests from the WJ-R
Woodcock Reading Mastery Tests-R (1998 Updated Norms)	K - adult	Adequate	Adequate (based on old studies)	Adequate (based on old studies)	No studies included for the new norming sample

INDIVIDUALLY ADMINISTERED MATH TESTS	AGE/GRADE LEVELS	STANDARDI-ZATION	RELIABILITY	VALIDITY	COMMENTS
Comprehensive Mathematical Abilities Test (2003)	7 to 18-11 years	Adequate	Adequate	Questionable	
Diagnosis: An Instructional Aid in Math (1981)	K - 8 grade	NA	NA	NA	Criterion referenced
Diagnostic Mathematics Inventory (1977)	1.5 -8.5 grade	NA	NA	NA	Criterion referenced
Diagnostic Test of Arithmetic Strategies (1984)	1 – 6 th Grade	Outdated Norms	Questionable	Questionable	Useful for development of objectives
Key Math - R (1998 Updated Norms)	K – 12 th grade Ages 6-22	Adequate	Adequate	Questionable	Use area scores only for eligibility
Enright Diagnostic Inventory of Basic Arithmetic Skills (1983)	1 - 9 grade	NA	NA	NA	Criterion referenced
Sequential Assessment of Mathematics Inventory (1985)	K-8	Inadequate	Questionable	Questionable	
Stanford Diagnostic Math Test – 4 (1996)	1 – 12 th grade	Adequate	Questionable	Questionable	
Test of Early Math Ability-3 (2003)	3 to 8-11 years	Adequate	Adequate	Questionable	
Test of Math Abilities-2 (1994)	8 to 18-11 years	Adequate	Adequate	Adequate	

INDIVIDUALLY ADMINISTERED WRITTEN LANGUAGE TESTS	AGE/GRADE LEVELS	STANDARDIZATION	RELIABILITY	VALIDITY	COMMENTS
Checklist of Written Expression (1980)	K – 12 th grade	NA	NA	NA	Informal
Denver Handwriting Analysis (1983)	3 – 8 th grade	NA	NA	NA	Informal
Diagnostic Evaluation of Writing Skills (1980)	All grades	NA	NA	NA	Informal – has a good error analysis procedure
Diagnostic Spelling Test (1970)	2 – 6 th grade	NA	NA	NA	Informal
Diagnostic Word Patterns (1985)	2 nd grade – adult	NA	NA	NA	Informal, spelling only
Evaluation Tool of Children's Handwriting	1 – 6 th grade	NA	NA	NA	Criterion referenced
Illinois Test of Psycholinguistic Abilities – 3 (2001)	5 to 12-11 years	Adequate	Adequate	Adequate	Oral and written language
Mather-Woodcock Group Writing Tests (1997)	6 – 18 years	Adequate	Adequate	Questionable	
Oral & Written Language Scales (written) (1996)	5 to 21 years	Adequate	Adequate	Adequate	
Slosson Written Expression Test (2000)	8 – 17 years	Adequate	Questionable	Questionable	Screening test & progress monitoring
Spellmaster (1976)	K - 10 grade	NA	NA	NA	Criterion referenced
Test of Early Written Language - 2 (1996)	3 to 10-11 years	Adequate	Adequate	Adequate	
Test of Handwriting Skills-R (2007)	5 to 18-11 years	Adequate	Questionable	Questionable	
Test of Legible Handwriting	7-6 to 17-11	Adequate	Questionable	Questionable	Group or individual
Test of Written English (1979)	6 th grade and above	NA	NA	NA	Criterion referenced; screening
Test of Written Expression (1995)	6-6 to 14-11 years	Inadequate	Questionable	Questionable	Informal error analysis a plus
Test of Written Language-3 (1996)	7-0 to 17-11 years	Adequate	Adequate	Adequate	
Test of Written Spelling – 4 (1999)	6-0 to 18-11 years	Adequate	Questionable	Questionable	
Written Language Assessment (1989)	8 to 18 years	Inadequate	Questionable	Questionable	Good functional assessment
Writing Process Test (1992)	8 to 19 yrs 2 nd –12 th grade	Inadequate	Questionable	Questionable	

INDIVIDUALLY ADMINISTERED SPEECH/LANGUAGE TESTS	AGE/GRADE LEVELS	STANDARDI- ZATION	RELIABILITY	VALIDITY	COMMENTS
Apraxia Profile (1997)	3 to 13 years	Inadequate	Inadequate	Inadequate	
Arizona Articulation Proficiency Scale-3 (2000)	18 months to 18-11 years	Questionable- low Hispanic, high west	Adequate	Adequate	
ASSET Assessing Semantic Skills Through Everyday Themes (1986)	3 to 9-11 years	Questionable	Inadequate	Inadequate	
Assessment of Children's Language Comprehension (1983)	3 to 6-5 years	NA	NA	NA	Criterion referenced
Assessment of Phonological Processes – Revised (1986)	Children with highly unintelligible speech- Preschool Age	Inadequate	Inadequate	Inadequate	
Bankson Language Test-2 (1990)	3 to 6-11 years	Adequate	Inadequate	Inadequate	
Bankson-Bernthal Test of Phonology Language (1990)	3 to 9 years	Inadequate	Questionable	Questionable	
Bilingual Verbal Ability Tests (1998)	5 to 90 years	Adequate	Adequate	Adequate	Items from WJ-R
Boehm Test of Basic Concepts – 3 (2000)	K – 2 nd grade	Adequate	Questionable	Questionable	
Boehm Test of Basic Concepts – 3 Preschool (2001)	3 to 5-11 years	Adequate	Adequate	Adequate	
Boehm Test of Basic Concepts – 3 Spanish (2000)	K – 2 nd grade	Adequate	Inadequate-Lack of info	Questionable	
Bracken Basic Concept Scale - Revised (1998)	2-6 to 8 years	Questionable- Gifted students overrepresented	Adequate	Adequate	Complete measure of receptive vocabulary
Bracken Basic Concept Scale- R Spanish Edition	2-6 to 8 years	NA	NA	NA	Criterion referenced tool
Carrow Elicited Language Inventory (1973)	3 to 7-11 years	Inadequate Outdated Norms	Questionable	Inadequate	
Clark-Madson Test of Oral Language (1984)	4 to 8-11 years	Inadequate	Inadequate	Inadequate	
Clinical Evaluation of Language Fundamentals – 4 (2003)	5 to 21-11 years	Adequate	Adequate	Adequate	Total language scores can be used for eligibility
Clinical Evaluation of Language Functions-4 Observational Rating Scales (2003)	5 to 21-11 years	NA	NA	NA	Functional Measure

INDIVIDUALLY ADMINISTERED SPEECH/LANGUAGE TESTS	AGE/GRADE LEVELS	STANDARDI-ZATION	RELIABILITY	VALIDITY	COMMENTS
Clinical Evaluation of Language Fundamentals 2-Preschool (2004)	3 to 6-11 years	Adequate	Adequate	Adequate	
Communication Activities of Daily Living – 2 (1999)	20 to 96 years	Questionable	Adequate	Adequate	Best used as a functional measure
Comprehensive Assessment of Spoken Language (1999)	3 to 21 years	Adequate	Adequate	Adequate	Use composite scores for eligibility
Comprehensive Receptive & Expressive Vocabulary Test -2 (2002)	5 years to adult	Adequate	Adequate	Questionable	
Contextual Test of Articulation (2000)	4 to 9-11 years	NA	NA	NA	Criterion referenced
Dos Amigos Verbal Language Scales (1996)	5 to 13-5 years	NA	NA	NA	Criterion referenced
Early Language Milestone Scale – 2 (1993)	Birth to 36 months	Inadequate	Questionable	Questionable	
Evaluating Acquired Skills in Communication-Revised (EASIC) (1991)	3months to 8-0 years	Inadequate	Inadequate	Inadequate	Designed to be used with autistic students
Expressive Language Test (1998)	5 to 11 years	Inadequate	Inadequate	Inadequate	
Expressive One-Word Picture Vocabulary Test – Revised (2000)	2 to 18 years	Adequate	Adequate	Adequate	
Expressive One-Word Picture Vocabulary Test-Spanish Version (2001)	4-to 12-11 years	Adequate	Adequate	Adequate	Mexican dialect over-represented
Expressive Vocabulary Test (1997)	2.5 to 90 years	Adequate	Questionable	Questionable	
Fisher-Logemann Test of Articulation Competence (1971)	3 years and up	NA	NA	NA	Criterion referenced
Fluharty Preschool Speech & Language Screening Test 2 nd ed (2001)	3 to 6-11 years	Adequate	Questionable	Questionable	Screening Tool
Full Range Picture Vocabulary Test (1948)	2 years to adult	Outdated Norms	Inadequate	Inadequate	
Functional Communication Profile (1994)	3 yrs to adult; mental age 2 months to adult	NA	NA	NA	Out of Print, Criterion referenced
Goldman-Fristoe Test of Articulation – 2 (2000)	2 to 21 years	Adequate	Questionable	Questionable	
Goldman-Fristoe-Woodcock Test of Auditory Discrimination (1970)	3 to Adult	Outdated Norms	Inadequate	Inadequate	

INDIVIDUALLY ADMINISTERED SPEECH/LANGUAGE TESTS	AGE/GRADE LEVELS	STANDARDI-ZATION	RELIABILITY	VALIDITY	COMMENTS
HELP Test (1996)	6 to 12 yrs	Adequate	Questionable	Inadequate	
Houston Test of Language Development (1963)	6 months to 6 years	Outdated Norms	Inadequate	Inadequate	
Illinois Test of Psycholinguistic Abilities – 3 (2001)	5 to 12-11 years	Adequate	Adequate	Adequate	Oral & written language
Indiana Preschool Developmental Assessment Scale (1976)	Birth to 6 years	NA	NA	NA	Criterion referenced
Joliet 3-Minute Speech and Language Screen-R (1992)	2.5 to 4.5 years	Questionable	Questionable	Questionable	Screening
Joliet 3-Minute Preschool Speech & Language Screen (1992)	2.6 to 4.5 years	Questionable	Questionable -very limited data	Questionable	
Kaufman Survey of Early Academic & Language Skills (1993)	3 to 6-11 years	Adequate	Adequate	Adequate	Articulation & language
Khan-Lewis Phonological Analysis – 2 (2002)	2 to 21-11 years	Adequate	Adequate	Adequate	
Kindergarten Language Screening Test – 2 nd ed (1998)	4 to 6-11 years	Inadequate	Questionable	Questionable	Screening
Language Assessment Battery (1977)	K - 12 grade	Outdated Norms	Questionable	Inadequate	
Language Assessment Scales (1977)	K - 6 grade	Outdated Norms	Inadequate	Inadequate	
Language Processing Test - Revised	5 to 11 years	Adequate	Inadequate	Inadequate	
Lindamood Auditory Conceptualization Test (1979)	K - 6 grade	Outdated Norms	Inadequate	Inadequate	
Northwestern Syntax Screening Test (1969)	3 to 7-11 years	Outdated Norms	Inadequate	Inadequate	
Oral Speech Mechanism Screening Examination -3 (2000)	5 years to adult	Questionable	Questionable	Inadequate	Screening
Oral & Written Language Scales (listening and oral) (1995)	3 to 21 years	Adequate	Questionable	Questionable	
Peabody Picture Vocabulary Test – 4 (2007)	2-6 to 90 years	Adequate	Adequate	Adequate	Measures receptive language
Phonological Awareness Test – Revised (1997) (Linguisticsystems)	5 to 9 years	Adequate	Questionable	Questionable	
Phonological Awareness Test-Spanish (2004)	4 to 10-11 years	Adequate	Adequate	Adequate	
Photo Articulation Test - 3 (1999)	3 to 8 Years	Adequate	Questionable	Questionable	

INDIVIDUALLY ADMINISTERED SPEECH/LANGUAGE TESTS	AGE/GRADE LEVELS	STANDARDI-ZATION	RELIABILITY	VALIDITY	COMMENTS
Preschool Language Assessment Instrument (1978)	3 to 6 years	Outdated Norms	Inadequate	Inadequate	
Preschool Language Scale – 4 th edition (2002)	Birth to 6-11 years	Adequate	Adequate	Adequate	
Quick Test (1962)	2 years to adult	Outdated Norms	Inadequate	Inadequate	
Reynell Developmental Language Scales (1990)	12 months - 6 years	Inadequate	Inadequate	Inadequate	Best used as diagnostic measure
Riley Articulation and Language Test (1979)	4 to 7-11 years	Outdated Norms	Inadequate	Inadequate	
Rhode Island Test of Language Structure (1983)	3 – 6 years; 3 – 20 years for hearing impaired	Inadequate	Inadequate	Inadequate	Good informal measure for hearing impaired students
Rosetti Infant-Toddler Language Scale (1990)	B to 36 months	NA	NA	NA	Criterion referenced
Ross Information Processing Assessment – 2 (1996)	15 to 90 years	Questionable	Adequate	Questionable	Cognitive–linguistics of TBI
Ross Information Processing – Primary(1999)	5 to 12-11 years	Inadequate	Inadequate	Inadequate	Cognitive–linguistics of TBI
Scales of Early Communication Skills for Hearing Impaired Children (1975)	2 to 8 years	Outdated Norms	Inadequate	Inadequate	
SCAN-A Test for Auditory Processing Disorders in Adolescents & Adults (1994)	12 to 50 years	Inadequate	Questionable	Questionable	
SCAN-C Test for Auditory Processing Disorders in Children-Revised (1999)	5 to 11-11 years	Inadequate	Questionable	Questionable	
Screening Test for Developmental Apraxia of Speech (1980)	Preschool & school age	Outdated Norms	Inadequate	Inadequate	
Screening Test of Adolescent Language – R (1980)	11 to 18-11 years	Outdated Norms	Inadequate	Inadequate	Screening only
Sequenced Inventory of Communication Development – Revised (1984)	4 months to 4 years	Inadequate	Questionable	Questionable	

INDIVIDUALLY ADMINISTERED SPEECH/LANGUAGE TESTS	AGE/GRADE LEVELS	STANDARDI- ZATION	RELIABILITY	VALIDITY	COMMENTS
Smit-Hand Articulation & Phonology Evaluation (1997)	3 to 9 years	Adequate	Inadequate	Inadequate	
Speech & Language Evaluation Scale (1990)	4.5 to 18 years	Adequate	Questionable	Inadequate	
Structured Photographic Articulation Test – 2 nd Edition (2001)	3 to 9-11 years	Questionable- Hispanics Underrepresented	Adequate	Questionable	
Structured Photographic Articulation Test – 2 nd Edition (2001)	3 to 9-11 years	Questionable- Hispanics Underrepresented	Adequate	Questionable	
Structured Photographic Expressive Language Test Manual Update (1995)	4 to 9-5 years	Inadequate	Questionable	Questionable	Measures syntactic structures
Stuttering Prediction Instrument for Young Children (1981)	3 to 8.9 years	Inadequate	Inadequate	Inadequate	
Swallowing Ability & Function Evaluation (2003)	Age 30+	NA	NA	NA	Informal measure
Templin-Darley Tests of Articulation (1969)	3 to 8 years	Outdated Norms	Inadequate	Inadequate	
Test for Auditory Comprehension of Language-3 (1999)	3 to 9-11 years	Questionable- low in urban areas	Adequate	Questionable	Receptive vocabulary
Test for Examining Expressive Morphology- TEEM (1983)	3 to 7-12 years	Inadequate	Questionable	Questionable	
Test of Adolescent and Adult Language-3 (1994)	12 to 24-11 years	Inadequate	Questionable	Inadequate	
Test of Auditory Perceptual Skills (1985)	4 to 12 years	Inadequate	Questionable	Inadequate	
Test of Children's Language: Assessing Aspects of Spoken Lang, Reading, and Writing (1996)	5 to 8-11 years	Adequate	Questionable	Questionable	Best used as a screener
Test of Early Language Development – 3 (1999)	2 to 7-11 years	Adequate	Adequate	Adequate	Good screening device
Test of Language Competence Expanded Ed. (1989)	5 to 18-11 years	Adequate	Questionable	Questionable	
Test of Language Development – Primary: 3 (1997)	4 to 8-11 years	Adequate	Adequate	Adequate	Composite scores can be used for eligibility
Test of Language Development - Intermediate: 3 (1997)	8-0 to 12-11 years	Adequate	Adequate	Adequate	Composite scores can be used for eligibility

INDIVIDUALLY ADMINISTERED SPEECH/LANGUAGE TESTS	AGE/GRADE LEVELS	STANDARDI- ZATION	RELIABILITY	VALIDITY	COMMENTS
Test of Syntactic Abilities (1978)	10 to 18 Years	Outdated Norms	Questionable	Questionable	hearing impaired
Test of Phonological Awareness Skills (2003)	5-10 to 11 years	Adequate	Adequate	Adequate	
Test of Pragmatic Language (1992)	5 to 13-11 years	Questionable- less than 100 @12, 13	Questionable	Questionable	
Test of Pragmatic Skills - R (1986)	3 to 8 years	Questionable	Adequate	Questionable	
Test of Problem Solving – Elementary (Third Edition) (2005)	6 to 12-11 years	Adequate	Questionable	Questionable	

INDIVIDUALLY ADMINISTERED SPEECH/LANGUAGE TESTS	AGE/GRADE LEVELS	STANDARDI- ZATION	RELIABILITY	VALIDITY	COMMENTS
Test of Problem Solving – Elementary (Third Edition) (2005)	6 to 12-11 years	Adequate	Questionable	Questionable	
Test of Problem Solving Adolescent-2 (2007)	12 to 17-11 years	Adequate	Questionable	Questionable	
Test of Relational Concepts (1988)	3 to 7-11 years	Adequate	Questionable	Questionable	
Test of Word Finding – 2 (2000)	4 to 12-11 years	Adequate	Questionable	Questionable	
Test of Word Knowledge (1992)	5 to 17 years	Adequate	Adequate	Questionable	
The Listening Test (1992)	6 to 11-11 years	Inadequate	Inadequate	Inadequate	
The WORD Test Adolescent (1989)	12 to 17-11 years	Inadequate	Questionable	Questionable	
The WORD Test-R (1990)	6 to 11 -11 years	Inadequate	Questionable	Questionable	
Token Test for Children (1978)	3 to 12-5 years	Outdated Norms	Inadequate	Inadequate	May be useful as a screening for auditory comprehension
Utah Test of Language Development-3 (1989)	3 to 9-11 years	Adequate	Questionable	Questionable	
Verbal Language Development Scale (1971)	Birth to 15 years	Outdated Norms	Questionable	Questionable	Too few items per age
Vocabulary Comprehension Scale (1975)	2 to 5-6 years	NA	NA	NA	Criterion referenced
Voice Assessment Protocol for Children & Adults (1987)	4 to 18-11 years	NA	NA	NA	Informal measure
Wepman Auditory Discrimination Test – 2 nd ed (1987)	4 to 8-11 years	Adequate	Questionable	Questionable	Screening
Woodcock Language Battery-Revised (1991)	2 to 90+ years	Adequate	Adequate	Adequate	Clusters can be used for eligibility
Woodcock Munoz Language Survey Normative Update (2001)	4 years – adult	Adequate	Questionable	Questionable	Clusters OK for eligibility. Measures oral language, reading, writing; good for ESL students

INDIVIDUALLY ADMINISTERED MOTOR TESTS	AGE/GRADE LEVELS	STANDARDI-ZATION	RELIABILITY	VALIDITY	COMMENTS
Bruiniks-Oseretsky Test of Motor Proficiency-2 (2005)	4-5 to 14-5 years	Adequate	Adequate	Adequate	
Developmental Test of Visual Motor Integration-4 (1997)	3 – 18 years	Adequate	Adequate	Adequate	
Developmental Test of Visual Perception – 2 (1993)	4 to 10-11 years	Adequate	Adequate	Adequate	
Evaluation Tool of Children’s Handwriting	1 st – 6 th grade	NA	NA	NA	Informal
Motor Development Checklist (1976)	1 – 15 months	NA	NA	NA	Informal
Motor-Free Visual Perception Test-R (1996)	4 to 11-11 years	Adequate	Adequate	Questionable	
Movement Assessment of Infants (1980)	B – 3 years	Outdated Norms	Questionable	Questionable	
Peabody Developmental Motor Scales – II (2000)	B-72 months	Adequate	Adequate	Adequate	
Sensory Integration & Praxis Test (1989)	4 to 8-11 years	Questionable	Questionable	Questionable	
Slingerland Screening Test for Identifying Children with Specific Language Disability (1993)	1 – 6 th grade	Inadequate	Inadequate	Inadequate	Diagnostic – a test of auditory, visual, & motor skills related to specific academic areas
Test of Gross Motor Development – 2 (1999)	3 – 10 years	Inadequate	Questionable	Questionable	
Test of Visual-Motor Skills –R (1995)	2 – 13 years	Inadequate	Questionable	Questionable	
Test of Visual-Perceptual Skills (non-motor) (1982)	4 – 12 years	Inadequate	Inadequate	Inadequate	

INDIVIDUALLY ADMINISTERED INTELLIGENCE TESTS	AGE/GRADE LEVELS	STANDARDIZATION	RELIABILITY	VALIDITY	COMMENTS
Assessment for Persons Profoundly or Severely Impaired (APPSI) (1998)	Functioning at B to 8 months	Inadequate	Questionable	Questionable	Diagnostic measure
Bayley Scales of Infant Development-III (2006)	1 to 42 months	Adequate	Adequate	Adequate	
The Cognitive Abilities Scale-Second Edition (2001)	3-23 & 24-47 month	Adequate	Adequate	Adequate- validity of infant form not fully established	Play-based measure
The Cognitive Assessment System (Das-Naglieri) (1997)	5 to 17 years	Adequate	Adequate	Adequate	
Columbia Mental Maturity Scale (1972)	3-5 to 9-5 years	Outdated Norms	Questionable	Questionable	Non-Verbal
Comprehensive Test of Nonverbal Intelligence (1996)	6 to 89 years	Adequate	Adequate	Adequate	
Detroit Test of Learning Aptitude-4(1998)	6 to 17-11 years	Adequate	Adequate	Adequate	
Detroit Test of Learning Aptitude-Primary 2nd. Ed. (1991)	3 to 9 years	Adequate	Adequate	Adequate	
Differential Abilities Scale-2 nd Edition (2007)	2-6 to 17-11 years	Adequate	Adequate	Adequate	
Extended Merrill-Palmer Scales (1978)	3 to 5-11 years	Outdated Norms	Inadequate	Inadequate	
Goodenough-Harris Drawing Test (draw-a-man test) (1963)	3 to 15-11 years	Outdated Norms	Inadequate	Inadequate	Should not be used as a measure of IQ, Screening
Hiskey-Nebraska Test of Learning Aptitude (1966)	3 to 6 years	Outdated Norms	Questionable	Questionable	good for children with hearing impairments
Kaufman Adolescent & Adult Intelligence Test (1993)	11 to 85+ years	Adequate	Adequate	Adequate	
Kaufman Assessment Battery for Children, 2 nd Edition (2004)	3 to 18 years	Adequate	Adequate	Adequate	can obtain a non-verbal score
Kaufman Brief Intelligence Test-2 nd Edition (2004)	4 to 90 years	Adequate	Adequate	Adequate	

INDIVIDUALLY ADMINISTERED INTELLIGENCE TESTS	AGE/GRADE LEVELS	STANDARDI-ZATION	RELIABILITY	VALIDITY	COMMENTS
Leiter International Performance Scale-Revised (1998)	2 to 20 years	Adequate	Adequate	Adequate	non-verbal; useful with individuals with speech or fine motor difficulties
McCarthy's Scale of Children's Abilities(1972)	2-5 to 8-5 years	Outdated Norms	Adequate	Adequate	
Merrill-Palmer Scale of Mental Test (1948)	1-6 to 5-11 years	Outdated Norms	Inadequate	Inadequate	
Pictorial Test of Intelligence Second Edition (2001)	3 to 8-11 years	Questionable-Low number of 3 and 8 year olds. Unclear if physical disabilities included.	Adequate	Adequate	Useful for children with speech, motor, & attention problems
Raven's Progressive Matrices (1986)	6 to adult	Inadequate	Questionable	Questionable	Non-verbal; only Measures figural reasoning
Slosson Intelligence Test-Primary(1999)	2 to 7 years	Inadequate	Questionable	Inadequate	Limited utility
Slosson Intelligence Test-Revised(1998)	4 to 18+ years	Inadequate	Questionable	Questionable	Useful as a screener only
Stanford-Binet Intelligence Scale: 5th Ed. (2003)	2 to 89-11 years	Adequate	Adequate	Adequate	
System of Multicultural Pluralistic Assessment (1979)	5 to 11 years	Outdated Norms	Inadequate	Inadequate	
Test of Memory & Learning (1994)	5 to 19 years	Questionable	Questionable	Questionable	
Test of Nonverbal Intelligence -3 (1997)	6 to 89-11 years	Adequate	Adequate	Adequate	Useful as a screener only
The Blind Learning Aptitude Test (1969)	6 to 12 years	Outdated Norms	Questionable	Questionable	
Universal Nonverbal Intelligence Test (1998)	5 to 17 years	Adequate	Adequate	Adequate	Nonverbal intelligence measure
Wechsler Abbreviated Scale of Intelligence (1999)	6 to 89 years	Adequate	Adequate	Adequate	Useful as a screener only
Wechsler Adult Intelligence Scale-Third Edition (1997)	16 to 89-11 years	Adequate	Adequate	Adequate	

INDIVIDUALLY ADMINISTERED INTELLIGENCE TESTS	AGE/GRADE LEVELS	STANDARDI- ZATION	RELIABILITY	VALIDITY	COMMENTS
Wechsler Intelligence Scale for Children-IV (2003)	6 to 16-11 years	Adequate	Adequate	Adequate	
Wechsler Intelligence Scale for Children-IV Integrated (2004)	6 to 16-11 Years	Adequate	Adequate	Adequate	Assesses neuro- psychology of cognition
Wechsler Nonverbal Scale of Ability (2006)	4- to 21-11 years	Adequate- only 75 children included at 13-0 to 21-11	Adequate	Adequate	
Wechsler Preschool & Primary Scale of Intelligence-3 rd Edition (2003)	2.6 to 7.3 years	Adequate	Adequate	Adequate	
Woodcock-Johnson Tests of Cognitive Ability-III (2001)	2 to 90+ years	Adequate	Adequate	Adequate	

SOCIAL/BEHAVIORAL/ PERSONALITY ASSESSMENTS	AGE/GRADE LEVELS	STANDARDI- ZATION	RELIABILITY	VALIDITY	COMMENTS
Adolescent Symptom Inventory 4 th Ed (1998)	12 to 18-11 years	Inadequate	Inadequate	Inadequate	Screening instrument
Attention Deficit Disorders Evaluation Scale (ADDES)-2nd Ed. (1995) Home/School Versions	4 to 19 years	Adequate	Adequate	Adequate	Screening instrument
Achenbach System of Empirically Based Assessment (ASEBA) (2001)	18months to 90 years	Adequate	Adequate	Adequate	
Behavior Assessment System for Children-2 nd Edition (BASC-2) (1998)	2 to 21-11 years	Adequate	Adequate	Adequate	
Beck Youth Inventories (2001)	7 to 14 years	Adequate	Adequate	Adequate	
The Behavior Dimensions Scale (BDS) (1995)	3 to 19 years	Adequate	Adequate	Questionable	
Behavior Evaluation Scale-2 (1990)	K – 12	Adequate	Adequate	Adequate	
Behavior Problem Checklist – R (1990)	K - 8	Inadequate	Adequate	Adequate	
Behavior Rating Profile Second Addition (1990)	6-6 to 18-6 years	Adequate	Questionable	Questionable	
Child Symptom Inventories (1994) (with Adolescent Supplement)	5 to 13 years 12 to 18 years	Adequate	Adequate	Adequate	Helpful with Differential Diagnosis
Child Symptom Inventory 4 th Ed (2002)	5 to 12 years	Inadequate	Questionable	Questionable	Was developed to serve as a screening measure for a clinic-referred population
Children's Depression Inventory (1992)	7 to 17 years	Inadequate	Questionable	Questionable	
Conners' Rating Scale-Revised (1997)	3 to 17 years	Adequate	Adequate	Adequate	Useful in assessing ADHD
Cooper-Farran Behavioral Kindergarten Rating Scales (1991)	Kindergarten	Inadequate	Inadequate	Inadequate	Designed to be standard locally
Devereux Child Behavior Rating Scale (1993)	5 to 18 years	Adequate	Questionable	Questionable	
Disruptive Behavior Rating Scale (1993)	7 to 18-11 years	Questionable	Adequate	Adequate	Low SES, low rural & minority
The Early Childhood Behavior Scale (1992)	3 to 5-11 years	Adequate	Adequate	Questionable	
Emotional Behavioral Problem Scale-2 (2001)	5 to 18 years	Adequate	Adequate	Adequate	

SOCIAL/BEHAVIORAL/ PERSONALITY ASSESSMENTS	AGE/GRADE LEVELS	STANDARDI- ZATION	RELIABILITY	VALIDITY	COMMENTS
House-Tree-Person Projective Tech. (1948)	6 years and up	NA	NA	NA	Informational value
Kinetic Family Drawing (1970)	5 to 20 years	NA	NA	NA	Informational value
Minnesota Multiphasic Personality Inventory-2 nd Edition Adolescent (1992)	14 to 18 years	Adequate	Adequate	Adequate	
Multiscene Depression Inventory for Children (1996)	8 to 17 years 3 – 12 grades	Questionable	Adequate	Adequate	
Multidimensional Self Concept Scale (1992)	9 to 19 years	Questionable- NE underrepresented. South overrepresented.	Adequate	Adequate	
Personality Inventory for Children-2 (2001)	5 through 19 years	Adequate	Adequate	Adequate	
Revised Children's Manifest Anxiety Scales (RCMAS) (1985)	6 to 19 years	Questionable- Minorities underrepresented. Not stratified for SES.	Questionable	Questionable	
Roberts Apperception Test for Children (1994)	6 to 15 years	NA	NA	NA	Informational value
School Social Behavior Scales- 2 nd Edition (2002)	K – 12 grade	Questionable- uneven number of students included at each grade level	Adequate	Adequate	
Self Esteem Index (1991)	7 to 18-11 years	Adequate	Questionable	Questionable	
Social Skills Rating System (1990)	Preschool - HS	Questionable- Whites & African Americans overrepresented.	Adequate	Adequate	
Student Self Concept Scale (1993)	3 – 12 grades	Adequate	Questionable	Questionable	

SOCIAL/BEHAVIORAL/PERSONALITY ASSESSMENTS

Note:

It is recommended that examiners not only administer but also interpret scores. As a general rule, test administrators should have an understanding of the basic principles and limitations of psychological testing, particularly psychological test interpretation. Although instruments can be easily administered and scored, the ultimate responsibility for interpretation must be assumed by a school psychologist who realizes the limitations in such screening and assessment procedures.

Given outdated or questionable norms, instruments listed below should be considered cautiously for the use of eligibility determination. These instruments may be better suited for programmatic purposes:

AML Behavior Rating Scales (1975)
Analysis of Coping Style (1981)
Assessment of Interpersonal Relations (1993)
Behavior Dimensions Rating Scale (1989)
Behavior Evaluation Scale - Kozloff (1974)
Bristol Social Adjustment Guides (1970)
Burk's Behavior Rating Scale (1977)
California Psychological Inventory (1975)
California Test of Personality (1953)
Child Anxiety Scale (1980)
Child Behavior Profile (1986)
Child Behavior Rating Scale (1962)
Children Version of the Family Environment Scale (1984)
Children's Personality Questionnaire (1975)
Coopersmith Self Esteem Inventory (1967)
Depression Inventory for Children & Adults (1987)
Early School Personality Questionnaire (1976)
Health Resources Inventory (1976)
High School Personality Questionnaire (1983)
Hopelessness Behavior Checklist (1971)
Inferred Self Concept Scale (1973)
Peer Nomination Inventory for Depression (1980)
Piers-Harris Self Concept Scale (1969)
Revised Behavior Problem (1987)
School Behavior Checklist (1977)
Social Emotional Dimension Scale (1986)
Test of Early Socioemotional Development (1984)
The Temperament Assessment Battery for Children (1988)
Thematic Apperception Test (1943)
Walker Problem Behavior Checklist (1976)

AUTISM TESTS	AGE/GRADE LEVELS	STANDARDI-ZATION	RELIABILITY	VALIDITY	COMMENTS
Asperger Syndrome Diagnostic Scale (2001)	5 to 18 years	Inadequate	Questionable	Inadequate	
ASSQ High Functioning Autism Spectrum Screening Questionnaire (1999)	School age – adult	NA	NA	NA	Diagnostic measure
Autism Behavior Checklist (ABC) (1993)	All ages	Questionable	Questionable	Questionable	
Autism Diagnostic Observation System (ADOS) (2002)	Toddler – Adult	Adequate	Adequate	Adequate	Team administration; Consensus coding; Not appropriate for diagnosis of Asperger's Disorder.
Autism Diagnostic Interview-R (2003)	Mental age above 2.0 years	Adequate	Adequate (for overall domain scores)	Adequate	
Autism Screening Instrument for Educational Planning 2 nd Ed (ASIEP) (1993)	18month to adult	Inadequate	Adequate	Adequate	
Checklist for Autism in Toddlers (CHAT) (1992)	Birth – 18 months	NA	NA	NA	Informal screening
Childhood Autism Rating Scale (1988)	2 to Adult	Questionable	Adequate	Adequate	
Friendship Questionnaire (FQ) (2000)	Upper elem – adult	NA	NA	NA	Diagnostic measure
Gilliam Autism Rating Scale (GARS)-2 nd Edition (2006)	3 to 22 years	Adequate	Adequate (test-retest low for communication)	Adequate	
Gilliam Asperger Diagnostic Scale (GADS) (2001)	3 to 22 years	Questionable (small sample)	Adequate (test-retest low, except ADQ)	Questionable	
Krug Asperger's Disorder Index (2003)	6 to 22-11 years	Inadequate	Questionable	Questionable	
Parent Interview for Autism (1993)	Children under age 6	NA	Adequate	Adequate	Informal
Play Observation Scale (1985)	Appr. 2-12 yrs	NA	NA	NA	Diagnostic measure
Psychoeducational Profile-III (PEP-III)(2005)	6 months – 7 years	Check Manual	Check Manual	Check Manual	Check manual for data
Social Communication Questionnaire (2003)	4 years – adult, mental age >2years	NA	NA	NA	Screening for autism spectrum disorders

ADAPTIVE BEHAVIOR TESTS	AGE/GRADE LEVELS	STANDARDI-ZATION	RELIABILITY	VALIDITY	COMMENTS
Adaptive Behavior Assessment System 2 nd Ed (2003)	Birth to 89 years	Adequate	Adequate	Adequate	
AAMD Adaptive Behavior Scale-School Edition (1981)	7 – 13 years	Inadequate	Inadequate	Inadequate	
AAMR Adaptive Behavior Scale-School 2 nd Ed (ABS-S:2) (1993)	3 to 21 years	Inadequate	Questionable	Questionable	
Adaptive Behavior Evaluation Scale-R (1995)	5 to 18 years	Questionable- Minorities underrepresented	Questionable	Questionable	
Adaptive Behavior Inventory (1986)	5 to 18-11 years, students with MR 6 to 18-11 years	Adequate	Adequate	Adequate	
Assessment for Persons Profoundly or Severely Impaired (1998)	Birth – 8 months	NA	NA	NA	Criterion referenced
Assessment of Adaptive Areas (1996)	3 to 17-11 (non MR), 3 – 79 years (MR)	Adequate	Questionable	Questionable	
BRIGANCE Employability Skills Inventory (ESI)	Secondary special ed, vocational, adult ed, ESL programs	NA	NA	NA	Criterion referenced
BRIGANCE Life Skills Inventory (LSI)	Secondary special ed, vocational, adult ed, ESL programs	NA	NA	NA	Criterion referenced
Checklist of Adaptive Living Skills (1991)	Birth – adult	NA	NA	NA	Criterion referenced
Children’s Adaptive Behavior Scale-R (1983)	5 to 10-11 years	Inadequate	Questionable	Questionable	
Comprehensive Test of Adaptive Behavior (1984)	Birth - 21 years	Inadequate	Questionable	Questionable	
Developmental Assessment for Students with Severe Disabilities 2 nd Ed (1999)	Birth to 6-11 years	NA	NA	NA	Criterion referenced
Inventory for Client & Agency Planning (ICAP) (1986)	Birth – adult	Adequate	Questionable	Questionable	
Normative Adaptive Behavior Checklist (1984)	Birth – 21 years	NA	NA	NA	Criterion referenced
Pyramid Scales (1984)	Birth to adult	NA	NA	NA	Criterion referenced, useful for individuals w/ severe disabilities

ADAPTIVE BEHAVIOR TESTS	AGE/GRADE LEVELS	STANDARDI-ZATION	RELIABILITY	VALIDITY	COMMENTS
Responsibility & Independence Scale for Adolescents (1990)	12 to 19-11 years	NA	NA	NA	Diagnostic measure useful for program planning
Scales of Independent Behavior-R (1997)	Birth – adult	Adequate	Adequate	Adequate	
School Function Assessment (1998)	K to 6 th grade	NA	NA	NA	Criterion referenced
Street Survival Skills Questionnaire (SSSQ) (1993)	9 years – adult	Inadequate	Adequate	Adequate	
TARC Assessment for Severely Handicapped (1975)	All individuals with severe disabilities	NA	NA	NA	Criterion referenced
Uniform Performance Assessment System (UPAS) (1981)	For individuals learning skills typically mastered b/w birth – 6 yrs	NA	NA	NA	Criterion referenced
Vineland Adaptive Behavior Scales II: Survey & Expanded-2 nd Edition (2005)	Birth to 0-90 years	Adequate	Adequate	Adequate	
Vineland Adaptive Behavior Scales II :Classroom-2 nd Edition (2005)	3 to 21-11 years	Adequate	Adequate	Adequate	

TRANSITION ASSESSMENT TOOLS THAT CAN BE USED TO IDENTIFY A CHILD'S MEASURABLE POSTSECONDARY GOALS AND THE INDIVIDUALIZED SERVICES TO HELP THEM TO REACH THESE GOALS.

What is transition assessment and why is it needed?

In May of 2007, The National Secondary Transition Technical Assistance Center, which is funded by the Office of Special Education Programs, provided the following paragraph pertaining to transition assessment.

The Division on Career Development and Transition (DCDT) of the Council for Exceptional Children defines transition assessment as an "...ongoing process of collecting data on the individual's needs, preferences, and interests as they relate to the demands of current and future working, educational, living, and personal and social environments. Assessment data serve as the common thread in the transition process and form the basis for defining goals and services to be included in the Individualized Education Program (IEP)" (p. 70-71). IDEA 2004 requires that students receive age-appropriate transition assessments related to education, employment, and where appropriate, independent living skills. IDEA 2004 also states that age-appropriate assessments will help IEP teams make informed decisions about students reaching their postsecondary goals. Types of transition assessments include: [behavioral assessment information](#), [aptitude tests](#), [interest and work values inventories](#), [intelligence tests](#) and [achievement tests](#), [personality or preference tests](#), [career maturity or readiness tests](#), [self-determination assessments](#), [work-related temperament scales](#), and [transition planning inventories](#).

IDEA 2004 contains the following guidance on transition assessment:

BEGINNING NOT LATER THAN THE FIRST IEP TO BE IN EFFECT WHEN THE CHILD TURNS 16 AND THEN UPDATED ANNUALLY THEREAFTER, THE IEP MUST INCLUDE: APPROPRIATE MEASURABLE POSTSECONDARY GOALS BASED UPON AGE-APPROPRIATE TRANSITION ASSESSMENTS RELATED TO TRAINING, EDUCATION, EMPLOYMENT AND INDEPENDENT LIVING SKILLS, WHERE APPROPRIATE.

Please remember that every student is unique, and that no single transition assessment tool will provide perfect results for every student. Also, because the transition assessment landscape is constantly changing, individuals who regularly assess student vocational and academic skills (including Guidance Counselors, VR Counselors, and Transition Specialists) should be consulted concerning the availability, reliability, and usefulness of various transition assessment tools.

Following is a list of assessment tools, which can be used by evaluators to help the IEP team to 1) Identify a child's measurable postsecondary goals, 2) Help determine the student's transition services, or 3) Point to the need for further transition assessment. The list is not exhaustive, contains both formal and informal assessment devices, and represents tools that are available and affordable. The transition skills measured by each device are marked with an X.

ASSESSMENT DEVICE	<u>Employment</u> <u>Voc. Interest</u> <u>or Work</u> <u>Readiness</u>	<u>Post</u> <u>Secondary</u> <u>Education/</u> <u>Training</u>	<u>Independent</u> <u>Living</u>	<u>Recreation/</u> <u>Leisure</u>	<u>Community</u> <u>Participation</u>	<u>Adult</u> <u>Services</u>
AAMD Adaptive Behavior Scale – School Edition http://www.proedinc.com/	X		X	X	X	
ACT – College Entrance http://act.org/ Accommodations such as extended time may be made for students with proper disability documentation.		X				
Adaptive Behavior Inventory/ Functional Living Skills PRO - ED http://www.proedinc.com/	X		X	X	X	
ASVAB - Armed Services Vocational Aptitude Battery (Available through your school's Guidance Counselor)		X				X
Self-Directed Search By John Holland Multiple versions and vendors: http://www.learning4liferesources.com/Self_Directed_Search.html	X	X				
Limited Vocational Evaluations When the school district lacks the expertise and tools to adequately assess a particular student, a Certified Vocational Evaluator (CVE) could be contacted for advice or to assess the student.	X					

ASSESSMENT DEVICE	<u>Employment</u> <u>Voc. Interest</u> <u>or Work</u> <u>Readiness</u>	<u>Post</u> <u>Secondary</u> <u>Education/</u> <u>Training</u>	<u>Independent</u> <u>Living</u>	<u>Recreation/</u> <u>Leisure</u>	<u>Community</u> <u>Participation</u>	<u>Adult</u> <u>Services</u>
Brigance Employability Skills Inventory-Curriculum Associates http://www.brigance.net/	X					
Brigance Life Skills Inventory Curriculum Associates, Inc. http://www.brigance.net/	X		X		X	
Brigance Inventory of Essential Skills - Curriculum Associates. http://www.brigance.net/	X		X	X	X	
CALS (Checklist of Adaptive Living Skills) Riverside Publishing Co. http://www.riverpub.com/products/cals/index.html	X		X	X	X	
Choices Assessment -Available through Department of Labor Career Centers -The SD Office of Career and Technical Education purchased site licenses (for every school in SD) to Guidance Central, which includes "Choices" for 2006-2007. See your Guidance Counselor http://doe.sd.gov/octe/guidancecentral/index.asp https://access.bridges.com/	X	X				
Career Assessment Inventory – Pearson Assessments http://www.pearsonassessments.com/tests/cai_v.htm	X					
Career Exploration Inventory Jist Works, Inc. http://www.jist.com/career_assessments.shtm	X	X		X		
FREE Career Interest Inventories Every year, new free career interest tools are made available on the Internet. Some of these tools may help students to identify career interests. Search "Free Career" with "Planning", "Interests" "Assessments", etc.	X					

ASSESSMENT DEVICE	<u>Employment Voc. Interest or Work Readiness</u>	<u>Post Secondary Education / Training</u>	<u>Independent Living</u>	Recreation/ Leisure	Community Participation	Adult Services
Quick Book of Transition Assessments A compilation of FREE informal transition assessments (surveys, interview forms, and checklists) available through the SD Transition Service Liaison Project. http://tslp.org/	X	X	X	X	X	X
Transition Planning Inventory (TPI) Gary Clark, etal. Pro-Ed http://www.proedinc.com/	X	X	X	X	X	X
Enderle-Severson Transition Rating Scales (ESTR) http://estr.net/	X	X	X	X	X	X
ICAP - Inventory of Client and Agency Planning Used by the SD Division of Developmental Disabilities to determine eligibility for services. (Contact Adjustment Training Centers or DDD Resource Coordinators for information) http://www.riverpub.com/product/s/icap/index.html	X		X	X	X	X
Transition to Work Inventory http://harcourtassessment.com/haiweb/cultures/en-us/productdetail.htm?pid=015-8958-25X	X					
Ability Explorer http://www.careercc.com/shopmall/html/ability_explorer.shtml	X					
Life Centered Career Education (LCCE) - CEC Endorsed - http://www.cec.sped.org/Content/NavigationMenu/ProfessionalDevelopment/ProfessionalTraining/LCCE/LCCE_what.htm	X		X	X	X	
Minnesota Rate of Manipulation Tests – (measures dexterity) http://www.bpp2.com/Merchant2/merchant.mvc?Screen=PROD&Store_Code=BPPI&Product_Code=1714	X		X			

ASSESSMENT DEVICE	<u>Employment</u> <u>Voc. Interest or</u> <u>Work</u> <u>Readiness</u>	<u>Post</u> <u>Secondary</u> <u>Education /</u> <u>Training</u>	<u>Independent</u> <u>Living</u>	<u>Recreation/L</u> <u>eisure</u>	<u>Community</u> <u>Participation</u>	<u>Adult</u> <u>Services</u>
My Vocational Situation Jist Works, Inc. http://www.jist.com/	X					
Occupational Aptitude Survey and Interest Schedule - OASIS PRO – ED http://www.proedinc.com/Scripts/prodView.asp?idproduct=2304	X	X				
ChoiceMaker Self-Determination Assessment – Martin & Marshall, Sopris West - http://store.cambiumlearning.com/ProgramPage.aspx?parentId=019005526&functionID=009000008&site=sw	X	X	X			
Piers - Harris Children's Self- Concept Scale, Pro-Ed - http://www.proedinc.com/Scripts/prodView.asp?idproduct=2772			X		X	

ASSESSMENT DEVICE	<u>Employment Voc. Interest or Work Readiness</u>	<u>Post Secondary Education / Training</u>	<u>Independent Living</u>	<u>Recreation /Leisure</u>	<u>Community Participation</u>	<u>Adult Services</u>
Your Employment Selection (YES) http://www.yesjobsearch.com/	X					
JIST WORKS has a variety of work interest tools for the general population and student with mild disabilities. http://www.jist.com/career_assessments.shtm						
Self - Directed Search Career Explorer - The Psychological Corp http://www.self-directed-search.com/	X					
Social Skills Rating System - Pearson Assessments, http://ags.pearsonassessments.com/group.asp?nGroupInfoID=a3400	X			X	X	

ASSESSMENT DEVICE	<u>Employment Voc. Interest or Work Readiness</u>	<u>Post Secondary Education/ Training</u>	<u>Independent Living</u>	Recreation /Leisure	Community Participation	Adult Services
Street Survival Skills Questionnaire – Harcourt, http://harcourtassessment.com/haiweb/cultures/en-us/productdetail.htm?pid=015-8736-559			X		X	
PLANS is a pre-ACT test for High School Sophomores http://www.act.org/plan/	X	X				
Transition Behavior Scale - Hawthorne Educational Services http://www.hes-inc.com/hes.cgi/01250.html	X		X			
Transition Competence Battery for Deaf and Hard of Hearing Adolescents and Adults http://www.wou.edu/education/spe d/wrocc/cattcb/cat-tcbhome.htm	X		X	X	X	
Wide Range Interest - Opinion Test (WRIOT) The Psychological Corp http://www.harcourt-au.com/default.asp?action=article&ID=74	X	X				

AUTISM

SD Administrative Rules pertaining to eligibility criteria for autism:

24:05:24.01:02. Screening procedures for autism. If a student is suspected of having autism, screening procedures for autism shall include a review of any medical, hearing, and vision data on the student; the history of the student's behavior; and the student's current patterns of behavior related to autism.

24:05:24.01:03. Autism defined. Autism is a developmental disability that significantly affects verbal and nonverbal communication and social interaction and results in adverse effects on the student's educational performance.

Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

The term does not apply if the student's educational performance is adversely affected primarily because the student has an emotional disturbance as defined under Part B of Individuals with Disabilities Education Act.

24:05:24.01:04. Diagnostic criteria for autism. An autistic disorder is present in a student if at least six of the following twelve characteristics are expressed by a student with at least two of the characteristics from subdivision (1), one characteristic from subdivision (2), and one characteristic from subdivision (3):

(1) Qualitative impairment in social interaction, as manifested by at least two of the following:

- (a) Marked impairment in the use of multiple nonverbal behaviors, such as eye-to-eye gaze, facial expression, body postures, and gestures, to regulate social interaction;
- (b) Failure to develop peer relationships appropriate to developmental level;
- (c) A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people, such as a lack of showing, bringing, or pointing out objects of interest;
- (d) Lack of social or emotional reciprocity;

(2) Qualitative impairment in communication as manifested by at least one of the following:

- (a) Delay in, or total lack of, the development of spoken language not accommodated by an attempt to compensate through alternative modes of communication, such as gesture or mime;
- (b) In an individual with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others;
- (c) Stereotyped and repetitive use of language or idiosyncratic language;
- (d) Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level;

(3) Restricted repetitive and stereotyped patterns of behavior, interests, and activities as manifested by at least one of the following:

- (a) Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus;
- (b) Apparently inflexible adherence to specific, nonfunctional routines or rituals;
- (c) Stereotyped and repetitive motor mannerisms, such as hand or finger flapping or twisting, or complex whole-body movements;
- (d) Persistent preoccupation with parts of objects.

A student with autism also exhibits delays or abnormal functioning in at least one of the following areas, with onset generally prior to age three: social interaction, language used as a social communication, or symbolic or imaginative play. A student who manifests the characteristics of autism after age three could be diagnosed as having autism if the criteria in this section are satisfied.

24:05:24.01:05. Diagnostic procedures for autism. School districts shall refer students suspected as having autism for a diagnostic evaluation to an agency specializing in the diagnostic and educational evaluation of autism or to another multidisciplinary team or group of persons who are trained and experienced in the diagnosis and educational evaluation of persons with autism.

A student suspected of autism must be evaluated in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

The evaluation shall utilize multiple sources of data, including information from parents and other caretakers, direct observation, performance on standardized tests of language/communication and cognitive functioning and other tests of skills and performance, including specialized instruments specifically developed for the evaluation of students with autism.

24:05:24.01:06. Instruments used in diagnosis of autism. Instruments used in the diagnosis of students suspected of having autism include those which are based on structured interviews with parents and other caregivers, behavior rating scales, and other objective behavior assessment systems.

Instruments used in the diagnosis of students with autism must be administered by trained personnel in conformance with the instructions provided by their producer.

No single instrument or test may be used in determining diagnosis or educational need. Specific consideration must be given to the following issues in choosing instruments or methods to use in evaluating students who are suspected of having autism:

- (1) The student's developmental level and possible deviations from normal development across developmental domains;
- (2) The student's primary mode of communication;

(3) The extent to which instruments and methods identify strengths as well as deficits; and

(4) The extent that instruments and methods are tailored to assess skills in relationship to everyday activities and settings.

Areas to be Assessed-
<p>Note: the evaluation must be completed by a group of persons who are trained, knowledgeable and experienced in the diagnosis and educational evaluation of persons with autism.</p> <ul style="list-style-type: none">• Ability• Academic achievement• Autism Evaluations• Speech/language• Adaptive behavior• Social skills• Behavior• If the team decides there are other areas of suspected disability, other evaluations must be given including, if appropriate, motor, hearing, etc.
<p>REMINDER-</p> <ul style="list-style-type: none">• Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team.• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS

1. **What requirements are in place to certify a group of persons as being “trained, knowledgeable and experienced in the diagnosis and educational evaluation of persons with autism?”**

Chapter [24:05:23](#), Requirements for child evaluators, outlines the administrative rule requirements for evaluators. No specific certification is available to certify a group of persons as “trained, knowledgeable and experienced in the diagnosis and educational evaluation of persons with autism.” It is up to each school district or agency to verify that the group of persons who diagnose and evaluate students with autism are trained and experienced in this area.

2. **Does an Autism evaluation need to be done again at each 3 year re-evaluation?**

According to ARSD [24:05:25:06](#) it is the decision of the IEP team to determine what information is necessary to determine continued eligibility. If there is information that is valid and still portrays an accurate picture of the student, the team can determine if the information will be pulled forward from previous testing by documenting it on the Prior Notice.]

3. **Where can professionals and families go to obtain more information about the diagnosis of autism and current intervention techniques?**

Resources

Center for Disabilities Autism and Related Disorders Program

1400 West 22nd Street
Sioux Falls, SD 57105



800-658-3080 (V/TTY)
605-357-1439



Website: www.usd.edu/cd/autism

E-mail: cd@usd.edu

Black Hills Special Services Cooperative

PO Box 218
Sturgis, SD 57785



(605) 347-4467



Website: www.bhssc.org

Children's Care Hospital and School

2501 W. 26th Street
Sioux Falls, SD 57105-2498



Phone (605) 782-2300
(800) 584-9294



Website: www.cchs.org

E-Mail cchs@cchs.org

DEAF-BLINDNESS

SD Administrative Rules pertaining to eligibility criteria for deaf-blindness:

24:05:24.01:07. Deaf-blindness defined. Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

Areas to be Assessed
<ul style="list-style-type: none">• Ophthalmological and audiological• Ability• Academic achievement• Speech/language• Adaptive behavior• Braille assessment (the team shall consider based upon age-appropriateness)• Orientation and mobility• If the team decides there are other areas of suspected disability, other evaluations must be given including, if appropriate, motor, hearing, etc.
REMINDER- <ul style="list-style-type: none">• Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team.• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS

- 1. At what age is it considered appropriate for the team to assess the child in the areas of Braille?**

It is a good idea for the IEP team to discuss Braille assessment early in the child's educational program. For a preschool-aged child, the team may consider incorporating sensory experiences or pre-Braille activities to develop a base for future Braille use. When the child is ready to learn to read, the team should begin to discuss which medium should be used for the child.

A number of methods may be used by the team to determine what medium for reading and writing is best suited to the child's individual needs. For some children, reading may not come up as a primary need until later in their educational program. As with all elements of the individualized educational program, the needs of the child will determine program characteristics. For every child, the program will be different.

- 2. Is it necessary for a child, due for a 3 year reevaluation, to be seen again by the ophthalmologist and audiologist, if deaf-blindness has already been determined as a disabling condition?**

The team must determine which areas need to be assessed for current information purposes. Many children who are identified as deaf-blind see these professionals on an annual or even more frequent basis. As with any disabling condition, change can and will occur over time. It is important to maintain current information to make appropriate educational decisions.

Resources

Center for Disabilities Deaf-Blind Program Sanford School of Medicine

1400 West 22nd Street
Sioux Falls, South Dakota 57105



1-800-658-3080
1-605-357-1437



<http://www.usd.edu/cd/>

South Dakota School for the Blind and Visually Impaired

423 17th Avenue SE
Aberdeen, SD 57401-7699



605-626-2580 (voice and TTY)
Toll-Free 1-888-275-3814
Fax: 605-626-2607



<http://sdsbvi.northern.edu/>

DEAFNESS

SD Administrative Rules pertaining to eligibility criteria for deafness:

24:05:24.01:08. Deafness defined. Deafness is a hearing loss that is so severe that the student is impaired in processing linguistic information through hearing, even with amplification, and that adversely affects a student's educational performance.

A student may be identified as deaf if the unaided hearing loss is in excess of 70 decibels and precludes understanding of speech through the auditory mechanism, even with amplification, and the student demonstrates an inability to process linguistic information through hearing, even with amplification.

Areas to be Assessed
<ul style="list-style-type: none">• Audiological evaluation• Ability• Academic achievement• Speech/language• If the team decides there are other areas of suspected disability, other evaluations must be given including, if appropriate, adaptive behavior, social skills, etc.
REMINDER- <ul style="list-style-type: none">• Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team.• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS

1. Is a student who is deaf automatically eligible for special education?

Any student, regardless of his identified disability, must meet a two prong test to be considered eligible for special education in South Dakota.

- *First, the student must have an identified disability which meets the criteria outlined in administrative rule.*
- *Second, the disability must adversely affect educational performance which results in the need for special education or special education and related services.*

Therefore, it is possible that a student could meet the eligibility criteria and have an identified disability; however, evaluation shows that the student's disability does not adversely affect educational performance. Therefore, that student would not be considered in need of special education under South Dakota Administrative Rule.

2. If a student is identified as being deaf by an audiologist, does the student have to be evaluated any further?

Yes, the student would need to have a comprehensive evaluation completed in accordance with ARSD 24:05:25:04, Evaluation Procedures. This rule outlines the requirement that no single procedure is to be used as the sole criterion for determining an appropriate educational program for a child.

Resources

SD School for the Deaf

2001 East 8th Street
Sioux Falls, SD 57103-1896



605/367-5200
605/367-5209 fax



<http://www.sdbor.edu/institutions/sdsd.htm>

HEARING LOSS

SD Administrative Rules pertaining to eligibility criteria for hearing loss:

24:05:24.01:10. Hearing loss defined. A student may be identified as having a hearing loss if an unaided hearing loss of 35 to 69 decibels is present that makes the acquisition of receptive and expressive language skills difficult with or without the help of amplification.

Areas to be Assessed
<ul style="list-style-type: none">• Audiological evaluation• Ability• Academic achievement• Speech/language• If the team decides there are other areas of suspected disability, other evaluations must be given including, if appropriate, adaptive behavior, social skills, etc.
REMINDER- <ul style="list-style-type: none">• Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team.• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS

1. **If a student is identified with a Hearing Loss by an audiologist, are they automatically eligible for special education?**

Any student, regardless of his identified disability, must meet a two prong test to be considered eligible for special education in South Dakota. First, the student must have an identified disability which meets the criteria outlined in administrative rule. Second, the disability must adversely affect educational performance which results in the need for special education or special education and related services. Therefore, it is possible that a student could meet the eligibility criteria and have an identified disability; however, evaluation shows that the student's disability does not adversely affect educational performance. Therefore, that student would not be considered in need of special education under South Dakota Administrative Rule.

2. **Some students have fluctuating hearing loss. Are they eligible under the category of hearing impaired?**

They may be eligible. The federal definition states “Hearing Loss means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance.”

Resources

SD School for the Deaf

2001 East 8th Street
Sioux Falls, SD 57103-1896



605/367-5200
605/367-5209 fax



<http://www.sdbor.edu/institutions/sdsd.htm>

COGNITIVE DISABILITY

SD Administrative Rules pertaining to eligibility criteria for Cognitive Disability:

24:05:24.01:11. Cognitive disability defined. Cognitive disability is significantly below-average general intellectual functioning that exists concurrently with deficits in adaptive behavior skills, that is generally manifested before age eighteen, and that adversely affects a student's educational performance. The required evaluative components for identifying a student with a cognitive disability are as follows:

(1) General intellectual functioning two standard deviations or more below the mean as determined by the full scale score on an individual cognitive evaluation, plus or minus standard error of measurement, as determined in accordance with § [24:05:25:04](#); and

(2) Exhibits deficits in adaptive behavior and academic or preacademic skills as determined by an individual evaluation in accordance with § [24:05:25:04](#).

Areas to be Assessed
<ul style="list-style-type: none">• Ability• Academic achievement• Adaptive behavior• Social Skills• If the team decides there are other areas of suspected disability, other evaluations must be given including, if appropriate, motor, hearing, etc.
REMINDER- <ul style="list-style-type: none">• Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team.• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS

1. Why was the name changed from Mental Retardation to Cognitive Disability?

The term Mentally Retarded is outdated and considered offensive by many people. In American society, being labeled with “mental retardation” can be stigmatizing. Individuals with this label sometimes feel excluded and belittled.

2. What does the term “plus or minus the standard error of measurement” mean when figuring the two standard deviations below the mean as determined by individual cognitive evaluation?

General intellectual functioning two standard deviations or more below the mean as determined by the full scale score on an individual cognitive evaluation, plus or minus standard error of measurement, as determined in accordance with §24:05:25:04; and

When compared with an individual’s hypothetical ‘true’ score, the standard error of measurement (SEM) is an estimate of the error attached to the individual’s obtained ‘true’ score. The SEM, which varies from test to test, should be given in the test manual.

One standard deviation equals 15 points on most commonly used ability measures; therefore, two standard deviations equal 30 points. With a mean of 100, the two standard deviations subtracted equal a score of 70. This means the team is looking for a score of 70 or below.

The student’s standard score is tabulated for general intellectual functioning (typically, this is an ability measure). Then, the standard error of measurement (SEM) plus or minus is figured into the received standard score. The result provides a range of scoring. This range of general intellectual function must fall within a 70 or below to meet this portion of the criteria.

***For example,** if a student achieves a WISC-IV Full Scale Intelligence Quotient of 70, and the standard error of measurement is plus (+) or minus (-) 3, the range of general intellectual functioning would be 67 to 73. Thus, this student meets this portion of the Cognitive Disability criteria, as the range falls at 70 or below.*

***REMINDER:** The category of Cognitive Disability is the only category in which the standard error of measurement is to be figured in determining eligibility for special education or special education and related services.*

3. Can the IEP team use subtests to figure the range?

No, subtest scores do not provide a comprehensive picture of the individual’s ability or achievement. The total score received through the evaluation process must be used.

4. If a student does not qualify as a student in need of special education under this disability category, what assistance can be given?

Students who exhibit educational difficulties, but do not meet the requirements of eligibility criteria, may still need assistance. The types of assistance will vary greatly based on the individual's needs. Responding to the diverse learner's needs calls for school districts to be flexible and creative. Districts will need to consider if such a student qualifies for services under the Section 504 of the Rehabilitation Act of 1973. This is a civil rights act which requires that school districts make programs and activities accessible and useable to all eligible individuals with disabilities. Eligibility for Section 504 services must be determined through the team process, and the student must meet a specific set of criteria. Just as with special education, not every child who has a disability will be considered disabled under the definition of Section 504.

Developing and implementing an array of intervention techniques, including instructional support teams (sometimes called teacher assistance or student assistance teams) developing modifications within the classroom, utilizing peer tutors, and other such methods are all ways to meet the diverse learner's needs. These methods not only assist the student with learning difficulties, but also provide support and assistance for staff.

5. **Do all students who are identified as having a cognitive disability take the alternate assessment, Dakota STEP-A?**

A student identified with a cognitive disability will not automatically be administered the Dakota STEP-A. In order to qualify to take the Dakota STEP-A, a student must meet the significant cognitive disability criteria listed below:

1. *The student has an active IEP with annual goals and short term objectives/benchmarks which focus on **Alternate Content Standards**; and*
2. *The student's cognitive abilities are 2.0 standard deviations or more below the mean (**inclusive of the standard error of measurement**); and*
3. *The student primarily requires direct and extensive instruction to acquire, maintain, generalize and transfer skills done in naturally occurring settings of the student's life. (e.g. school, community, home, vocational/career, and recreation and leisure)*

If the student meets the significant cognitive disability criteria and the IEP team determines that the Dakota STEP-A is the most appropriate assessment for the student, then the team would complete the appropriate assessment section in the IEP.

MULTIPLE DISABILITIES

SD Administrative Rules pertaining to eligibility criteria for multiple disabilities:

24:05:24.01:12. Multiple disabilities defined. Multiple disabilities means concomitant impairments (such as a cognitive disability-blindness or a cognitive disability-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness.

Areas to be Assessed
<ul style="list-style-type: none"> Refer to the two (or more) disability category sections which the student is suspected of having for suggested evaluations
<p>REMINDER-</p> <ul style="list-style-type: none"> Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team. Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS

1. What students qualify under this disability category?

This category is for students who have a combination of two or more disabilities which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. From the following list:

- | | |
|---------------------------------------|--------------------------------------|
| ○ Emotional Disturbance (505) | ○ Deafness (0545) |
| ○ Cognitive Disability (0510) | ○ Speech/Language Impairments (0550) |
| ○ Hearing Loss (0515) | ○ Other Health Impairments (0555) |
| ○ Specific Learning Disability (0525) | ○ Autism (0560) |
| ○ Orthopedic Impairments (0535) | ○ Traumatic Brain Injury (0565) |
| ○ Vision Loss (0540) | ○ Developmental Delay (0570) |

The student must have two or more of the previously listed disabilities occurring simultaneously. Keep in mind just because the student is determined eligible as multiple disabilities, that the student may not receive ADM funding in the multiple disabilities category. The funding should not influence the eligibility determination though.

REMINDER: A student with deaf-blindness does not qualify under this category.

2. Does the student have to meet the criteria under each of the disability categories in order to be considered as having a multiple disability?

Yes, the student would have to meet the requirements of each disabling condition. Each disabling condition listed has specific criteria under administrative rule. In order to be considered as a student with the disabling condition, those criteria must be met.

ORTHOPEDIC IMPAIRMENT

SD Administrative Rules pertaining to eligibility criteria for orthopedic impairment:

24:05:24.01:13. Orthopedic impairment defined. Orthopedic impairment is an impairment caused by a congenital anomaly, such as club foot or absence of some member; a disease, such as poliomyelitis, or bone tuberculosis; or another cause, such as cerebral palsy, an amputation, or a fracture or burn that causes contractures.

There must be evidence of the following:

- (1) That the student's impaired motor functioning significantly interferes with educational performance;
- (2) That the student exhibits deficits in muscular or neuromuscular functioning that significantly limit the student's ability to move about, sit, or manipulate materials required for learning;
- (3) That the student's bone, joint, or muscle problems affect ambulation, posture, or gross and fine motor skills; and
- (4) That current medical data by a qualified medical evaluator describes and confirms an orthopedic impairment.

Areas to be Assessed
<ul style="list-style-type: none">• Ability• Academic achievement• Gross/fine motor• Adaptive behavior• The team has available current medical data from a qualified medical evaluator• If the team decides there are other areas of suspected disability, other evaluations must be given including, if appropriate, speech language, hearing, etc.
REMINDER- <ul style="list-style-type: none">• Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team.• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS

1. **The administrative rule lists a number of orthopedic impairments. Are these the only identified orthopedic impairments a student may have in order to be considered eligible under this category?**

The list provided in administrative rule 24:05:24:13 is not an all inclusive list. It provides examples. A student may have another type of orthopedic impairment not specifically listed in the rule, but still meet all the criteria of having an orthopedic impairment.

2. **Does the student have to meet all four elements of the administrative rule in order to meet the criteria for having an orthopedic impairment?**

Yes, there must be evidence supporting all four elements in [ARSD 24:05:24.01:13](#) orthopedic impairment defined.

- (1) impaired motor functioning interfering with educational performance;
- (2) exhibits deficits in muscular or neuromuscular functioning that limits the student's ability to move about, sit or manipulate materials for learning;
- (3) the student's bone, joint or muscle problems affect ambulation, posture or gross and fine motor skills; and
- (4) current medical data by a qualified medical evaluator describes and confirms an orthopedic impairment?

3. **Who is considered a qualified medical evaluator?**

A medical evaluator must be licensed to practice medicine or osteopathy by the State Board of Medical and Osteopathic Examiners.

4. **Would a student with a temporary disability, such as a broken leg, qualify as a student with an orthopedic impairment?**

A student with a temporary disability, such as a broken leg, would have to meet the two prong test in order to be considered as a student in need of special education or special education and related services. First, the student would have to have an identified disability which meets the criteria outlined in administrative rule. Second, as a result of the disability, it has adversely affected his educational performance, and the student needs special education or special education and related services. Typically, a student with an injury that is short-term would not be in need of special education. However, the student might be in need of some short-term accommodations and adaptations in order to continue to participate fully in his educational program. Every student must be referred and evaluated on an individual basis; therefore, no one answer will meet every situation. It must be a team decision in terms of what steps to take.

OTHER HEALTH IMPAIRED

SD Administrative Rule pertaining to eligibility criteria for other health impaired:

24:05:24.01:14. Other health impaired defined. Other health impaired means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment, because of a chronic or acute health problem, such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, attention deficit disorder or attention deficit hyperactivity disorder, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, Tourette syndrome, or diabetes, that adversely affects a student's educational performance.

Adverse effects in educational performance must be verified through the full and individual evaluation process as defined in subdivision [24:05:13:01](#) (18).

Areas to be Assessed
<ul style="list-style-type: none">• Ability• Academic achievement• Documentation of a chronic or acute health problem• If ADHD is the impairment, behavioral evaluations must be considered. <u>As most tests are not well normed and can be very subjective providing two measures at a minimum can show the validity of the scores and support the results</u>• If the team decides there are other areas of suspected disability, other evaluations must be given including, if appropriate, adaptive behavior, social skills, speech language, hearing, etc.
REMINDER- <ul style="list-style-type: none">• Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team.• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS

1. **The administrative rule lists a number of health impairments. Are these the only identified health impairments a student may have in order to be considered eligible under this category?**

The list provided in ARSD [24:05:24.01:14](#) other health impaired defined, is not an all inclusive list. It provides examples, such as:

- a heart condition,
- tuberculosis,
- rheumatic fever,
- nephritis,
- asthma,
- attention deficit disorder or attention deficit hyperactivity disorder,
- sickle cell anemia,
- hemophilia,
- epilepsy,
- lead poisoning,
- Leukemia or diabetes
- . Tourette syndrome

A student may have another type of health impairment not specifically listed in the rule, but still meets all the criteria of having an health impairment (limited strength, vitality or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment, because of a chronic or acute health problem) that adversely affects a student's educational performance.

2. **Is this a category under which a student with attention-deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD) could be eligible?**

ADD/ADHD are not specific disabling conditions under the IDEA, although a student with ADD/ADHD may be eligible as "other health impaired: or another specific disability according to ARSD [24:05:24.01:01](#) reason of the condition(s).

The classification of ADD/ADHD depends on the particular presentation of the disorder in an individual student and must be determined on a case-by-case basis. Thus, a student could have a qualifying "other health impairment" under ARSD [24:05:24.01:14](#) if the ADD or ADHD limits the student's alertness and adversely impacts his academic performance

In other instances, a student with ADD or ADHD may be eligible for services under the classification of an "emotional disturbance" ARSD ([24:05:24.01:16](#)), or a "specific learning disability" (ARSD [24:05:24.01:18](#)). It is important to note that a student with ADD or ADHD will not qualify for classification under either of those latter categories unless he meets the specific eligibility criteria for the condition.

3. **How severe of a problem must a student have in order to meet the criteria for the disability category of other health impaired?**

The administrative rules require that a chronic or acute health problem be present which adversely affects the educational performance of the student. This is verified through the IEP team decision-making process. Documentation of the chronic or acute health problem must be present, as well as evidence that the health problem adversely affects the student's ability to gain benefit from the educational program.

4. Is it a requirement to have a licensed physician provide a medical diagnosis in order to identify a student as being Other Health Impaired?

Yes, if the impairment to learning is due to a medical condition.

If the impairment to learning is a result of a psychiatric disorder as defined in the DSM-IV and/or DSM-TR, such as ADHD, a physician, certified school psychologist, or licensed professional qualified to determine such disorders, may provide the diagnosis.

The Office of Special Education, ADHD Resource, May 2003, states: Part B of IDEA does not necessarily require a school district to conduct a medical evaluation for the purpose of determining whether a child has ADHD. If a public agency believes that a medical evaluation by a licensed physician is needed as part of the evaluation to determine whether a child suspected of having ADHD meets the eligibility criteria of the OHI category, or any other disability category under Part B, the school district must ensure that this evaluation is conducted at no cost to the parents (OSEP Letter to Michel Williams, March 14, 1994, 21 IDELR 73).

EMOTIONAL DISTURBANCE

SD Administrative Rule pertaining to eligibility criteria for emotional disturbance:

24:05:24.01:16. Emotional disturbance defined. Emotional disturbance is a condition that exhibits one or more of the following characteristics to a marked degree over a long period of time:

- (1) An inability to learn that cannot be explained by intellectual, sensory, or health factors;
- (2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- (3) Inappropriate types of behavior or feelings under normal circumstances;
- (4) A general pervasive mood of unhappiness or depression; or
- (5) A tendency to develop physical symptoms or fears associated with personal or school problems.

The term, emotional disturbance, includes schizophrenia. The term does not apply to a student who is socially maladjusted unless the IEP team determines pursuant to § [24:05:24.01:17](#) that the student has an emotional disturbance.

24:05:24.01:17. Criteria for emotional disturbance. A student may be identified as emotionally disturbed if the following requirements are met:

- (1) The student demonstrates serious behavior problems over a long period of time, generally at least six months, with documentation from the school and one or more other sources of the frequency and severity of the targeted behaviors;
- (2) The student's performance falls two standard deviations or more below the mean in emotional functions, as measured in school, home, and community on nationally normed technically adequate measures; and
- (3) An adverse effect on educational performance is verified through the multidisciplinary evaluation process as defined in subdivision [24:05:13:01](#) (18).

A student may not be identified as having an emotional disturbance if common disciplinary problem behaviors, such as truancy, smoking, or breaking school conduct rules, are the sole criteria for determining the existence of an emotional disturbance.

Areas to be Assessed
<ul style="list-style-type: none"> • Ability • Academic achievement • Observation • Emotional function (behavior) as <u>most tests are not well normed and can be very subjective providing two measures at a minimum can show the validity of the scores and support the results.</u> • Social Skills • If the team decides there are other areas of suspected disability, other evaluations must be given including, if appropriate, adaptive behavior, speech or language.
<p>REMINDER-</p> <ul style="list-style-type: none"> • Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team. • Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS

1. **ARSD 24:05:24.01:16 Emotional disturbance defined. lists five sets of characteristics pertinent to emotional disturbance. Does this mean in order to identify a student as having an emotional disturbance that he must have all five sets of characteristics?**

No, the student may exhibit one or more of any of the characteristics listed over a long period of time and to a marked degree.

2. **To meet the criteria for having an emotional disturbance, the team may only identify a student when they have demonstrated a serious behavior problem over a long period of time, generally not less than 6 months. Does this mean the team is restricted from doing any interventions or evaluations during that 6 month period?**

No, the team is not restricted from attempting interventions or beginning to evaluate a student. This time period would typically be a time for interventions. These interventions might include the use of behavior management plans, attempting various educational modifications, or utilizing the instructional assistance team model (sometimes called teacher assistance team). The team is not limited in any fashion from attempting to remediate the student's behavioral and educational difficulties during this six month time frame. This time period assists the evaluation team in making the determination of whether the student's serious behavioral problems are temporary or long lasting.

3. **ARSD 24:05:24.01:17 Criteria for emotional disturbance calls for the documentation from school, and one or more other sources, of the frequency and severity of the targeted behavior. Where should the other sources come from?**

The other sources may be from the student's home, community or other agencies who are directly working with the student. It may include information directly from the child's parent/guardian, custodial guardian, or if necessary, from an individual with intimate knowledge of the child's circumstances, history, or current behaviors. It is assumed that the sources would be those in which the student is known, and who have evidence of the frequency and severity of the behavior

4. Is there a required form to use for documenting targeted behavior?

No, the administrative rule requires that the serious behavior problem be documented, but there is no mandated form for use. The documentation must show the serious behavior has been demonstrated over a long period of time, and that there is two or more sources (one from the school) of the frequency and severity of the targeted behaviors.

5. The student's performance must fall two standard deviations or more below the mean in emotional functions. What does this mean?

This means that the student will be given at least one normed measure of behavior. The student's score must fall two standard deviations below the mean. If the measure has a mean of 100, and a standard deviation of 15 points, the student's score would have to be at 70 or below.

6. Can students be identified as having an emotional disturbance and be in need of special education if they are performing academically well in the classroom?

In order to be identified as being in need of special education services, an adverse effect on the student's educational performance must be present. For a student with an emotional disturbance, the following are examples of adverse educational effects:

- a discrepancy between individual achievement and classroom performance;
- wide variability (inconsistency) in daily achievement/performance that is not based on an identified learning disability or developmental delay;
- a significant decline in overall academic performance as outlined by the district grading practices;
- an inability to concentrate and/or participate as directed by the adult which is not consistent with developmental level;
- an inability to attend school for emotional reasons;
- unrealistic perceptions of school and/or home expectations; and
- an inability to maintain relationships with adults and peers, which prevents the student from participating in classroom learning.

7. How does the IEP team tell the difference between a student who has an emotional disturbance and a student who is simply having conduct problems?

It is imperative that the team does a thorough job of observing and documenting the student's difficulties. Generally, if conduct related concerns are the only areas which show up as significant on a behavioral assessment, this may be an indicator that the student is not emotionally disturbed.

Listed below are some distinctions the IEP team may wish to consider when determining if the behavior is related to conduct problems versus emotional disturbance:

A. Students with conduct disorders exhibit such overt behavior problems as acting out, an inability to conform to school rules and/or impulsive antisocial actions. In the context of such behaviors, they consistently:

- disrupt other children;
- are disrespectful or discourteous to others;
- do not do what is required;
- are rough or noisy;
- are destructive to their own or others belongings;
- indicate bad feelings about school;
- use profanity excessively;
- do not obey commands from authority figures;
- are uncooperative in group activities;
- are hot tempered - fighting with others without provocation;
- are undependable and/or irresponsible; and/or
- test classroom and school rules to extreme limits; (Mann, Suiter and McClung, 1979).

B. No matter how outrageous, students with a conduct disorder do not typically assume responsibility for their behavior, its implications or consequences. They perceive themselves as essentially normal, that they have the right to behave as they do. They do not “own their problems,” thus, when they are confronted about some behavioral problem, they are likely to respond “what problem?” and proceed to shift it’s onus to the teacher or other students.

C. Students who are emotionally disturbed, on the other hand, express ownership of their problem. In effect, either directly or subtly, they reflect internalized self-identity, self-concept and related problems which convey expressions of internalized affective disturbances (“I don’t feel good about myself because...”). Such expressions may be seen through difficulties in contact with reality, in thinking, or mood; in conflicted and/or bizarre interpersonal interactions, and in manifestly neurotic (phobic, obsessive, compulsive, disassociative and related) behaviors.

SPECIFIC LEARNING DISABILITY

24:05:24.01:18. Specific learning disability defined. Specific learning disability is a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not apply to students who have learning problems that are primarily the result of visual, hearing, or motor disabilities; cognitive disability; emotional disturbance; or environmental, cultural, or economic disadvantage.

24:05:24.01:19. Criteria for specific learning disability. A group of qualified professionals and the parent of the child may determine that a child has a specific learning disability if:

(1) The child does not achieve adequately for the child's age or does not meet state-approved grade-level standards in one or more of the following areas, if provided with learning experiences and instruction appropriate for the child's age or state-approved grade-level standards:

- (a) Oral expression;
- (b) Listening comprehension;
- (c) Written expression;
- (d) Basic reading skill;
- (e) Reading fluency skills;
- (f) Reading comprehension;
- (g) Mathematics calculation; and
- (h) Mathematics problem solving;

(2)(a) The child does not make sufficient progress to meet age or state-approved grade-level standards in one or more of the areas identified in this section when using a process based on the child's response to scientific, research-based intervention; or

(b) The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments, consistent with this article; and

(3) The group determines that its findings under this section are not primarily the result of:

- (a) A visual, hearing, or motor disability;
- (b) A cognitive disability;
- (c) Emotional disturbance;
- (d) Cultural factors;
- (e) Environmental or economic disadvantage; or
- (f) Limited English proficiency.

To ensure that underachievement in a child suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, the group must consider, as part of the evaluation described in this article, data that demonstrate that prior to, or as a part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel, and data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child's parents.

The school district must promptly request parental consent to evaluate the child to determine whether the child needs special education and related services, and must adhere to the timeframes described in this article unless extended by mutual written agreement of the child's parents and a group of qualified professionals. The district must request such consent if, prior to a

referral, a child has not made adequate progress after an appropriate period of time when provided instruction, as described in this section, and whenever a child is referred for an evaluation.

24:05:25:07. Additional procedures for evaluating specific learning disabilities. In order for a school district to certify a child as learning disabled for purposes of the federal child count, requirements in §§ [24:05:24.01:19](#) and [24:05:25:08](#) to [24:05:25:13](#), inclusive, must be met and documented in a child's record.

24:05:25:08. Additional group members for specific learning disabilities. The determination of whether a child suspected of having a specific learning disability is a child with a disability shall be made by the child's parents and a team of qualified professionals, which shall include:

- (1) The child's regular teacher;
- (2) If the child does not have a regular teacher, a regular classroom teacher qualified to teach a child of that age;
- (3) If the child is less than school age, an individual certified by the department to teach a child of that age; and
- (4) At least one person qualified to conduct individual diagnostic examinations of children, such as a school psychologist, speech-language pathologist, remedial reading teacher, or special education teacher.

24:05:25:11. Observation for specific learning disabilities. The school district shall ensure that the child is observed in the child's learning environment, including the regular classroom setting, to document the child's academic performance and behavior in the areas of difficulty.

The group described in this section, in determining whether a child has a specific learning disability, shall:

- (1) Use information from an observation in routine classroom instruction and monitoring of the child's performance that was done before the child was referred for an evaluation, as in a response to intervention model; or
- (2) Have at least one member of the group conduct an observation of the child's academic performance in the regular classroom after the child has been referred for an evaluation and parental consent, consistent with this chapter, is obtained, as in a discrepancy model.

If a child is less than school age or out of school, a group member must observe the child in an environment appropriate for a child of that age.

24:05:25:12. Documentation of eligibility for specific learning disabilities. For a child suspected of having a specific learning disability, the documentation of the determination of eligibility shall contain a statement of:

- (1) Whether the child has a specific learning disability;
- (2) The basis for making the determination, including an assurance that the determination has been made in accordance with this section;
- (3) The relevant behavior, if any, noted during the observation of the child and the relationship of that behavior to the child's academic functioning;
- (4) The educationally relevant medical findings, if any;
- (5) Whether:
 - (a) The child does not achieve adequately for the child's age or does not meet state-approved grade-level standards; and
 - (b) he child does not make sufficient progress to meet age or state-approved grade-level standards; or the child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade level standards or intellectual development;

- (6) The determination of the group concerning the effects of a visual, hearing, or motor disability; cognitive disability; emotional disturbance; cultural factors; environmental or economic disadvantage; or limited English proficiency on the child's achievement level;
- (7) If the child has participated in a process that assesses the child's response to scientific, research-based intervention:
- (a) The instructional strategies used and the student-centered data collected; and
 - (b) The documentation that the child's parents were notified about:
 - (i) The state's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided;
 - (ii) Strategies for increasing the child's rate of learning; and
 - (iii) The parent's right to request an evaluation;
- (8) If using the discrepancy model, the group finds that the child has a severe discrepancy of 1.5 standard deviations between achievement and intellectual ability in one or more of the eligibility areas, the group shall consider regression to the mean in determining the discrepancy; and
- (9) If using the response to intervention model for eligibility determination, the group shall demonstrate that the child's performance is below the mean relative to age or state approved grade level standards.

24:05:25:13. Group members to certify report in writing. Each group member shall certify in writing whether the report reflects the group member's conclusion. If it does not reflect the group member's conclusion, the group member must submit the conclusion in a separate statement.

24:05:25:13.01. Response to intervention model. School districts that elect to use a response to intervention model as part of the evaluation process for specific learning disabilities shall submit to the state for approval a formal proposal that at a minimum addresses the provisions in § [24:05:25:12](#).

RESPONSE TO INTERVENTION

An LEA has the option of utilizing a response to scientific, research- based intervention model (RtI) or a severe discrepancy model in determining a specific learning disability. See Response to Intervention: The South Dakota Model for RtI Implementation guidelines. *Response to Intervention: The South Dakota Model*.

Eligibility using RtI will be determined through a comprehensive individual evaluation process which will include:	
<ul style="list-style-type: none"> • Academic achievement (1.5 standard deviation from the mean); • Evaluation of student growth relative to benchmark utilizing CBM data taking into account both level and rate of learning ; • Observation to assess student performance in the regular classroom; • If the team decided there are other areas of suspected disability, evaluations must be given including, if appropriate, speech/language, social skills etc. 	
Reminder: <ul style="list-style-type: none"> • Transition evaluation must be conducted for students of transition age. • Evaluations must be based upon the child's suspected areas of disability as determined by the evaluation team. The purpose of conducting evaluation is to generate information to determine eligibility, develop an IEP which provides educational benefit and to determine placement. 	

The following criteria must be used to determine SLD using RtI:

The IEP team must be able to answer YES to the following questions:

- A) Did the student receive at least two phases of intensive Tier III interventions in the general education curriculum with fidelity, which did not affect the student's achievement? Is there evidence of the student's non-responsiveness at Tier III reflect that he or she is learning at a rate significantly less than his or her peers?

If NO, the district has not gathered sufficient documentation to determine eligibility using the RtI model.

- B) If yes to A, is there evidence of the student's under achievement based on RTI and other existing data that meets **at least two of the following three** criteria?

- CBM scores are significantly lower than the scores of the child's peers (e.g., Level of CBM score is in the lower 10% of the child's peer group) and the student's progress (rate of growth) is not closing the achievement gap toward the aim line;
- Individual academic achievement testing (1.5 standard deviation from the mean
- The student's performance level is two or more grade levels or two or more developmental levels below the current age level or grade level placement compared to state age/grade level standards.

Definitions:

--Trend Line: a trend line is a line used to represent the movement of student progress. A trend line is formed when a student's performance decreases and then rebounds at a **data point** that aligns with at least two previous data points. In addition, a trend line is formed when a student performance increases and then rebounds at a data point that aligns with at least two previous data points.

--Aim Line: a graphic representation depicting the desired rate of progress a student needs to reach the goal from the current baseline.

DISCREPANCY MODEL

Eligibility using the discrepancy model will be determined through a comprehensive individual evaluation process which will include:

- Ability
- Academic achievement
- Observation
- If the team decides there are other areas of suspected disability, other evaluations must be given including, if appropriate, speech or language, social skills, etc.

Reminder:

- Transition evaluation must be conducted for students of transition age.
- Evaluations must be based upon the child's suspected areas of disability as determined by the evaluation team. The purpose of conducting evaluation is to generate information to determine eligibility, develop an IEP which provides educational benefit and to determine placement.

The following criteria must be used to determine SLD using the discrepancy model:

If using the discrepancy model, the group finds that the child has a severe discrepancy of 1.5 standard deviations between achievement and intellectual ability in one or more of the eligibility areas.

The group must consider regression to the mean in determining the discrepancy.

When using a measure of intellectual ability, the total score must be used unless there is an unusually large discrepancy between IQ, Index, or Factor scores. To warrant this course of action, each IQ, Index, or Factor score must be comprised of at least **three** subtests and the magnitude of the discrepancy is found to be in the ten percent or less base rate of the normative sample. If there is such a discrepancy, the higher score must be used.

How do we find the base rate? The base rate can be obtained in the testing manual for all cognitive measures (in most cases the base rate will be comparable to the 1.0, but it still needs to be checked). The school psychologist has this information and should include this information in the report if applicable.

**REGRESSED SCORES FOR DETERMINING A DISCREPANCY
BETWEEN ABILITY (IQ) AND ACHIEVEMENT**

For use with scores that have a mean of 100 and a standard deviation of 15.

Obtained IQ score	Achievement Standard Score 1.5 sd	Obtained IQ score	Achievement Standard Score 1.5 sd
130	95 or below	102	81 or below
129	95 or below	101	81 or below
128	94 or below	100	80 or below
127	94 or below	99	80 or below
126	93 or below	98	79 or below
125	93 or below	97	79 or below
124	92 or below	96	79 or below
123	92 or below	95	79 or below
122	91 or below	94	77 or below
121	91 or below	93	77 or below
120	90 or below	92	76 or below
119	90 or below	91	76 or below
118	89 or below	90	75 or below
117	89 or below	89	75 or below
116	88 or below	88	74 or below
115	88 or below	87	74 or below
114	87 or below	86	73 or below
113	87 or below	85	73 or below
112	86 or below	84	72 or below
111	86 or below	83	72 or below
110	85 or below	82	71 or below
109	85 or below	81	71 or below
108	84 or below	80	70 or below
107	84 or below	79	70 or below
106	83 or below	78	69 or below
105	83 or below	77	69 or below
104	82 or below	76	68 or below
103	82 or below	75	68 or below
		74	67 or below
		73	67 or below
		72	66 or below

Recommended Form

The following recommended form contains all of the required content necessary for the IEP team to determine if a child is a child with a specific learning disability. The shaded boxes within the document provide additional information regarding how to complete each section. The form directs the team to complete the required information when using RtI or the discrepancy model for determining eligibility under the category of specific learning disability.

Page one of the form provides a summary of the evaluation results that the IEP team will use as a basis for determining eligibility and the impact of the disability on the child's educational performance. This document may also be used as the eligibility document for all disability categories. The "IEP Process Technical Assistance Guide" contains the additional pages required to address all 13 disability categories. This document in its entirety can be acquired in the appendix of this guide at:

<http://doe.sd.gov/oess/specialed/IEP/docs/IEPProcessTAGuide.pdf>

DETERMINATION OF ELIGIBILITY/CONTINUED ELIGIBILITY

Students Name: _____ Date: _____

Summary of Evaluation Reports

(Basis for making the determination is drawn from a variety of sources, including aptitude and achievement tests, parent input and teacher recommendations, as well as information about the child's physical condition, social or cultural background, and adaptive behavior)

<u>Name of Test</u>	<u>Date Administered</u>	<u>Test Scores/Results</u>
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<p>List the name (acronym), date the test was given to the child, and the standard scores/ability scores (when applicable) for each test administered or to be used by the team to determine if the child is an eligible child.</p>		
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<p>Determining if a student has a specific learning disability, like any other disability determination under IDEA, cannot be based on any single criterion – meaning a single test, assessment, observation or report. An evaluation of a student suspected of having SLD must include a variety of assessment tools and strategies. The evaluation must include input from the student's parents as well as observation of the student's academic performance and behavior in the general education classroom. Once all agreed upon assessments and evaluation measures have been completed and the student's parents have received copies of the evaluation along with full explanations of the finding, the IEP team can meet to make its determinations.</p>		
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List the academic, developmental, and functional needs of the student resulting in an adverse effect on the child's educational performance.

<p>For each area affected, describe the specific functional and/or developmental skills displayed by the child. A comparison may be documented between the student's current skills and those they should be displaying at their age or grade level.</p>		
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REQUIRED DOCUMENTATION FOR SPECIFIC LEARNING DISABILITIES

Check the appropriate box:

____RtI criteria will be used to determine eligibility.

OR

_____Discrepancy criteria will be used to determine eligibility.

If the child has participated in a process that assesses the child's response to scientific, research-based intervention document the following:

The instructional strategies used in the RtI process that assesses the child's response to scientific, research-based intervention:

List each of the specific strategies implemented during the RtI process. Interventions generally take place prior to referring a student for a complete evaluation.

Tier 1:

Tier 2:

Tier 3:

Student-centered RtI data collected:

List the resulting data collected for each of the strategies implemented during the RTI process. This documentation of progress is generally done using curriculum-based measurements (CBM).

(Required for Rtl and Discrepancy)

The child does not achieve adequately for the child's age or to meet state-approved grade-level standards in one of more of the following areas, when provided with learning experiences and instruction appropriate for the child's age or state- approved grade-level standards:

- _____ Oral Expression
- _____ Listening Comprehension
- _____ Written Expression
- _____ Basic Reading Skills
- _____ Reading Fluency Skills
- _____ Reading Comprehension
- _____ Mathematic Calculation
- _____ Mathematics Problem Solving

Based upon the above data, check each area of potential disability. This information must be provided whether determining eligibility using RtI or the discrepancy model.

This determination will be based on the student's mastery of grade level content appropriate for the student's age, including performance against the state's academic content standards in reading and math. For a student who has been retained in a grade or is otherwise not in the grade typical for his age, achievement against the state's grade-level academic standards for the students enrolled grade might be used to determine underachievement.

_____ Based upon the data gathered the evaluation team determines the child has not made sufficient progress to meet age or state-approved grade-level standards in one or more of the areas identified above when using a process based on the child's response to scientific, research-based interventions.

OR

_____ The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade level standards, or intellectual development, that is determined by the team to be relevant to the identification of a specific learning disability in one or more of the areas identified above when using appropriate assessments.

(Required for RtI and Discrepancy)

Document data that demonstrate that prior to, or as part of, the referral process, the child was provided appropriate instruction in regular education settings by qualified personnel:

This information must be provided whether determining eligibility using RtI or the discrepancy model.

Students whose lack of achievement can be attributed to a lack of appropriate instruction in reading or math should not be determined to have an SLD. Such students should be provided with appropriate instruction in general education as well as scientific, research-based interventions. Appropriate instruction in reading must include explicit and systematic instruction in:

- Phonemic awareness;
- Phonics;
- Vocabulary development;
- Reading fluency, including oral reading skills;
- Reading comprehension strategies;
- Mathematic Calculation; and
- Mathematics Problem Solving.

AND

Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child's parents:

This information must be provided whether determining eligibility using RtI or the discrepancy model.

A student's progress should be documented by using an objective and systemic process administered at reasonable intervals. In other words, **information such as teacher reports and teacher made tests, while helpful, are not adequate for this determination.** Data should be used to determine the effectiveness of a particular instructional strategy or program and should be provided to parents in order to keep them informed of their child's progress, so that they can support instruction and learning at home.

If the group charged with determining whether a student has a SLD decides that this documentation is not adequate, a decision may be made to delay making a final determination and continue to collect additional information about the student. In order to extend the time by which the evaluation will be completed, parents must consent to the time extension. The evaluation process must be completed within 25 school days from the districts receipt of parent consent.

Each member participating in the determination must provide written certification that the documentation reflects the member's conclusion. If any member(s) disagree with the conclusion, a statement of that member(s) conclusion must also be included in the documentation.

Parents must be given a copy of the evaluation report and the documentation of determination at no cost. If parents disagree with the determination, they may seek resolution through the dispute resolution provisions of IDEA. These provisions are part of the Notice of Procedural Safeguards that must be provided to parents prior to the evaluation of a student suspected of having a disability.

Based upon the above data, the evaluation team must determine that the underachievement in the child suspected of having a specific learning disability:

_____ is due to the lack of appropriate instruction in reading or math; **OR**

_____ is **not** due to the lack of appropriate instruction in reading or math.

Possible sources for review:

- Attendance records;
- Enrollment gaps;
- Instruction by highly qualified teacher;
- Other _____.

(Required for RtI and Discrepancy)

Observation: Relevant behaviors, if any, noted during the observation of the child and relationship of those behaviors to academic functioning. The observation must occur in the child's learning environment (including regular classroom setting) to document the child's academic performance and behavior in the areas of difficulty. In the case of a child of less than school age or out of school, a group member must observe the child in an environment appropriate for a child of that age.

Observer _____ Dates of Observation _____

_____ Information from an observation in routine classroom instruction and monitoring of the child's performance was done before the child was referred for an evaluation:

OR

_____ Observation of the child's performance in the regular classroom was done after the child has been referred for an evaluation:

This information must be provided whether determining eligibility using RtI or the discrepancy model

The school district shall ensure the child is observed in the child's learning environment (including the regular classroom setting) to document the child's academic performance and behavior in the areas of difficulty.

In the case of a child of less than school age or out of school, a group member must observe the child in an environment appropriate for a child of that age.

The information should include:

- The name of the observer;
- The dates of observation;
- The location of the observation;
- The summary of relevant behaviors, if any, noted during the observation of the child and relationship of the behaviors to academic functioning.

The observation may be conducted during the RtI process or as part of the comprehensive evaluation.

(Required for RtI and Discrepancy)

Educationally relevant medical findings, if any (attach medical report if needed):

The team must document any medical information including any medical diagnoses, health conditions or medications that may impact the child's education.

(Required for RtI and Discrepancy)

The evaluation team determines that the child's achievement level problem is/is not primarily the result of:

- _____ Is _____ Is Not - Visual, hearing or motor disabilities;
_____ Is _____ Is Not - Cognitive disability;
_____ Is _____ Is Not - Emotional disturbance;
_____ Is _____ Is Not - Cultural factors;
_____ Is _____ Is Not - Environmental or economic disadvantage;
_____ Is _____ Is Not - Limited English proficiency.

If the evaluation team determines the child's lack of achievement can be attributed primarily to any of these factors, the child should not be identified as having a specific learning disability. Such students may be served under other appropriate disability categories.

If the child has participated in a process that assesses the child's response to scientific, research-based intervention:

Document how and when parents were notified about the State's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided, strategies for increasing the child's rate of learning and the parents right to request an evaluation.

Documentation must show that the student's parents were fully informed about the policies, strategies, and services provided as part of the RtI process, including the parent's right to request a formal evaluation under IDEA at any point during the RtI process.

1. SPECIFIC LEARNING DISABILITY - Based upon the above information the team agrees the child:

- _____ has a specific learning disability
_____ does not have a specific learning disability

This report reflects my conclusions. If not, person(s) in disagreement will indicate such and may submit a separate statement.

Name

Position

_____	As with any eligibility determination, the determination of whether a	_____ ()Agree ()Disagree
_____	student has a SLD and requires special education is made by a group	_____ ()Agree ()Disagree
_____	that included the student's parents and a team of qualified	_____ ()Agree ()Disagree
_____	professionals. Those professionals must include the student's regular	_____ ()Agree ()Disagree
_____	education teacher (or teacher qualified to teach a child of the student's	_____ ()Agree ()Disagree
_____	age) and other qualified individuals to conduct diagnostic examinations.	_____ ()Agree ()Disagree
_____	These individuals could be a school s psychologist, a speech-language	_____ ()Agree ()Disagree
_____	pathologist or a special educator. The individuals that make up the	_____ ()Agree ()Disagree
_____	group may vary depending on the nature of the student's suspected	
_____	disability.	

Frequently Asked Questions

1. **When determining if a student has a severe discrepancy of 1.5 standard deviations between ability and achievement, can grade or age equivalent scores be used?**

No, grade or age equivalent scores cannot be used to establish a severe discrepancy.

Standard scores based on age norms must be used to establish the discrepancy between ability and achievement. An exception to this is when a child has been retained more than once. In this case, the team should consider using grade norms rather than age norms when examining the child's performance on an achievement test. If one were to use the age norms, it would artificially create a discrepancy, as the child would not have one or more years of academic instruction that his or her age peers would typically have.

2. **The WISC-IV has four index scores and a Full Scale IQ. Which one should be used when compared to the achievement score?**

*When using a measure of intellectual ability, the total score must be used unless there is an unusually large discrepancy between IQ, Index, or Factor scores. To warrant this course of action, each IQ, Index, or Factor score must be comprised of at least **three** subtests and the magnitude of the discrepancy is found to be in the ten percent or less base rate of the normative sample. If there is such a discrepancy, the higher score must be used. For example, when a child obtains a Verbal Comprehension Index of 80 and a Perceptual Reasoning Index of 98 on the WISC-IV, the difference of 18 points between the two indexes constitutes an unusually large discrepancy (base rate = less than 10%). In this case, you must use the Perceptual Reasoning Index of 98 for eligibility determination. However, the WISC-IV Working Memory and Processing Speed Index scores cannot be used for discrepancy comparisons, as each of the indexes consists of only two subtests.*

3. **When is it appropriate to compute a General Ability Index?**

*When using the WISC-IV, a General Ability Index (GAI) may be considered in lieu of a Full Scale IQ if **both** of the following conditions are met:*

- 1) *Considering the four WISC-IV Indexes, there is an unusually large discrepancy between the lowest Index and the highest Index (base rate 10% or less).*
- 2) *There is no unusually large discrepancy between the Verbal Comprehension Index and the Perceptual Reasoning Index (base rate more than 10%).*

The formula for computing the GAI is as follows:

*$GAI = .555x - 11$, where x = sum of Verbal Comprehension Index and Perceptual Reasoning Index (Round the resulting GAI to the nearest whole number).
GAI conversion tables are provided by the publisher and in the WISC-IV Technical Report (2005).*

It should be underscored that the GAI should not be computed on a routine basis, unless the specified conditions above are met. If there is an unusually large discrepancy between the Verbal Comprehension Index and the Perceptual Reasoning Index (base rate

10% or less), the higher of the two must be considered for documentation of an ability-achievement discrepancy.

4. What is meant by high quality “research based instruction”?

Scientifically based research means research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs; and

- (1) Employs systematic, empirical methods that draw on observation or experiment;*
- (2) Involves rigorous data analyses that are adequate to test the stated hypotheses and justify the general conclusions drawn;*
- (3) Relies on measurements or observational methods that provide reliable and valid data across evaluators and observers, across multiple measurements and observations, and across studies by the same or different investigators;*
- (4) Is evaluated using experimental or quasi-experimental designs in which individuals, entities, programs, or activities are assigned to different conditions and with appropriate controls to evaluate the effects of the condition of interest, with a preference for random-assignment experiments, or other designs to the extent that those designs contain within-condition or across-condition controls;*
- (5) Endures that experimental studies are presented in sufficient detail and clarity to allow for replication or, at minimum, offer the opportunity to build systematically on their findings;*
- (6) Has been accepted by a peer-reviewed journal or approved by a panel of independent experts through a comparably rigorous, objective, and scientific review. The new IDEA requirements emphasize the importance of using high-quality, research-based instruction in regular education settings (consistent with requirements of NCLB). In addition there must be evidence that progress was measured by on-going (repeated) assessments and this information was provided to parents. If a child is not making progress, the information should include any additional interventions that were provided for this child. This would be considered to be part of any high quality, research-based instruction.*

5. Can spelling be used for eligibility under a specific learning disability?

Although the ability to spell is contained in the definition of SLD, spelling alone is not specifically listed in the eight specific areas. It would be contained in the area of written expression.

6. Does a child with a diagnosed disability (e.g. dyslexia, FAS, FAE, and NVLD etc.) qualify for special education services under the category of a specific learning disability?

Any student, regardless of his identified disability, must meet a two prong test to be considered eligible for special education in South Dakota.

- First, the student must have an identified disability which meets the criteria outlined in administrative rule.*
- Second, the disability must adversely affect educational performance which results in the need for special education or special education and related services.*

Therefore, it is possible that a student could meet the eligibility criteria and have an identified disability; however, evaluation shows that the student’s disability does not adversely affect educational performance that required individualized instruction (IEP). Therefore, that student would not be considered in need of special education under South Dakota Administrative Rule.

7. If a student moves into a district with an IEP is he/she eligible?

If a child with a disability (who had an IEP from the same state) transfers to a new public agency in the same state, and enrolls in a new school within the same school year, the new public agency (in consultation with the parents) must provide FAPE to the child (including services comparable to those described in the child's IEP) until the new public agency either adopts the child's IEP from the previous agency, or develops, adopts and implements a new IEP.

If a child with a disability (who had an IEP that was in effect in a previous public agency in another state) transfers to a public agency in a new state, and enrolls in a new school within the same school year, the new public agency (in consultation with the parents) must provide the child with FAPE (including services comparable to those described in the child's IEP from the previous public agency), until the new public agency conducts an evaluation and writes a new IEP.

8. Can I use a Reading Fluency subtest score within a discrepancy analysis to determine if a learning disability exists in that area?

If the reliability of the Reading Fluency subtest is .80 or greater, it can be used within a discrepancy analysis.

9. When determining if a significant discrepancy exists between IQ and Achievement, should I use the subtest scores or the composite scores of the Achievement Test?

Most test development companies have designed their achievement tests to measure the learning disability areas defined within IDEA (i.e., reading comprehension, basic reading, reading fluency, written expression, math calculations, math problem solving, oral expression, listening comprehension). As such, it is recommended these subtests be used in the discrepancy analysis if their reliability is .80 or greater across all age levels. Composite scores may also be utilized unless there is an unusually large difference (base rate = 10% or less) between two or more of the subtests that make up the composite score. If an unusually large difference exists, the composite score is invalid and should not be used in the discrepancy analysis.

10. Can an LEA choose to use a computer program in place of the regression formula provided?

An LEA may choose to use one of the commercial available computer programs for their regression formula. However, only one method may be used for LD determination for all students in that LEA. If the student transfers to another public agency, refer to question number 7 for eligibility.

SPEECH OR LANGUAGE IMPAIRMENT

SD Administrative Rules pertaining to eligibility criteria for speech or language impairments:

24:05:24.01:20. Speech or language disorder defined. Speech or language impairment is a communication disorder such as stuttering, impaired articulation, a language disorder, or a voice disorder that adversely affects a child's educational performance.

Areas to be Assessed
<ul style="list-style-type: none">• Articulation: a standardized articulation test and observation• Fluency: as determined by the speech/language clinician• Voice: as determined by the speech/language clinician, medical evaluation may be necessary• Language up through age 8: language assessments, checklists, language samples• For language after age 9: standardized language assessment, ability measure must be given• If the team decides there are other areas of suspected disability, other evaluations must be given including, if appropriate, behavioral, etc.
REMINDER- <ul style="list-style-type: none">• Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team.• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

ARTICULATION DISORDERS

24:05:24.01:21. Articulation disorder defined. Articulation disorders include all non-maturational speech deviations based primarily on incorrect production of speech sounds. Articulation disorders include omissions, substitutions, additions, or distortions of phonemes within words. Articulation patterns that can be attributed to cultural or ethnic background are not disabilities.

24:05:24.01:22. Criteria for articulation disorder. A student may be identified as having an articulation disorder if one of the following criteria exist:

- (1) Performance on a standardized articulation test falls two standard deviations below the mean and intelligibility is affected in conversation;
- (2) Test performance is less than two standard deviations below the mean but the student is judged unintelligible by the speech and language clinician and one other adult;
- (3) Performance on a phonological assessment falls in the profound or severe range and intelligibility is affected in conversation; or
- (4) Performance on a phonological assessment falls in the moderate range, intelligibility is affected in conversation, and during a tracking period of between three and six months there was a lack of improvement in the number and type of errors; or
- (5) An error persists six months to one year beyond the chronological age when 90 percent of students have typically acquired the sound based on developmental articulation norms.

COMMONLY ASKED QUESTIONS

1. **ARSD 24:05:24.01:24Criteria for articulation disorder.** lists five ways a student may be identified as having an articulation disorder. Does a student have to meet all five criteria in order to be identified as speech or language impaired?

No. When reading the administrative rule, note that these are five different criteria in which a student could meet the eligibility criteria. The student need only meet one of the five criteria listed.

2. **Does a standardized articulation test have to be given?**

Yes, a standardized articulation test must be given. In administrative rule, the requirements for evaluation state specifically that the tests must be valid, using procedures that are appropriate for the diagnosis and appraisal of speech and language impairments.

FLUENCY DISORDER

24:05:24.01:23. Fluency disorder defined. A fluency disorder is an interruption in the flow of speaking characterized by atypical rate, rhythm, and repetitions in sounds, syllables, words, and phrases. This may be accompanied by excessive tension, struggle behavior, and secondary mannerisms.

24:05:24.01:24. Criteria for fluency disorder. A student may be identified as having a fluency disorder if:

(1) The student consistently exhibits one or more of the following symptomatic behaviors of dysfluency:

- (a) Sound, syllable, or word repetition;
- (b) Prolongations of sounds, syllables, or words;
- (c) Blockages; or
- (d) Hesitations.

(2) There is a significant discrepancy from the norm as measured by speech sampling in a variety of contexts. A significant discrepancy from the norm is five dysfluencies a minute; or

(3) The disruption occurs to the degree that the individual or persons who listen to the individual react to the manner of speech and the disruptions in a way that impedes communication.

COMMONLY ASKED QUESTIONS

1. What does “significant discrepancy from the norm” mean?

This is defined in rule as five dysfluencies per minute. A speech observation is necessary to document the significant discrepancy.

2. Does a student have to exhibit one or more symptomatic behaviors have a significant discrepancy from the norm and have impeded communication in order to be considered as meeting all the criteria under fluency disorders?

*A student could meet the criteria by 1) exhibiting one or more symptomatic behaviors of dysfluency **AND** 2) having a significant discrepancy from the norm (average) **OR** 3) having disruptions to such a degree that communication is impeded.*

VOICE DISORDER

24:05:24.01:25. Voice disorder defined. A voice disorder is characterized by the production absence of vocal quality, pitch, loudness, resonance, duration which is inappropriate for an individual's age or gender, or both.

24:05:24.01:26. Criteria for voice disorder. A student may be identified as having a voice disorder if:

- (1) Consistent deviations exist in one or more of the parameters of voice: pitch, quality, or volume;
- (2) The voice is discrepant from the norm for age, gender, or culture and is distracting to the listener; and
- (3) The disorder is not the result of a temporary problem, such as normal voice changes, allergies, colds, or similar conditions.

COMMONLY ASKED QUESTIONS

1. Is a medical evaluation required to verify a voice disorder?

No. However many voice problems are based on medical concerns such as polyps on the vocal chord.

2. Can a student who has a voice disorder and is performing well in the classroom qualify for special education services?

Remember, eligibility for special education is a two prong test. First, the student must have an identified disability which meets the criteria defined in administrative rule. Second, as a result of the disability, educational performance is adversely affected, and therefore the student is in need of special education or special education and related services. If a student can make himself understood and communicate effectively despite the disorder, then educational performance is not adversely affected by the disorder.

3. To meet the criteria for voice disorder, must a student have all three of the following:

- consistent deviations in one or more parameters of voice;
- the voice is discrepant from the norm and is distracting to the listener; and
- the disorder is not the result of a temporary problem.

Yes, all elements listed must be met in accordance with [ARSD 24:05:24.01:26](#). Criteria for voice disorder.

LANGUAGE DISORDER

24:05:24.01:27. Language disorder defined. A language disorder is a reduced ability, whether developmental or acquired, to comprehend or express ideas through spoken, written, or gestural language. The language disorder may be characterized by limited vocabulary, an inability to function through the use of words (pragmatics) and their meanings (semantics), faulty grammatical patterns (syntax and morphology), or the faulty reproduction of speech sounds (phonology). A language disorder may have a direct or indirect affect on a student's cognitive, social, emotional or educational development or performance and deviates from accepted norms. The term language disorder does not include students whose communication problems result solely from a native language other than English or from their dialectal differences.

24:05:24.01:28. Criteria for language disorder. A student may be identified as having a language disorder as a primary disability if:

(1) Through age eight, performance falls 1.5 standard deviations below the mean on standardized evaluation instruments; beginning at age nine, a difference is present of 1.5 standard deviations between performance on an individually administered standardized language assessment instrument and measured expected potential as measured by an individually administered intelligence test; and

(2) The student's pragmatic skills, as measured by checklists, language samples, or observation, adversely affect the student's academic and social interactions.

COMMONLY ASKED QUESTIONS

1. What does “through age eight” mean?

“Through age eight” means students who have not yet turned age 9. For example, a student who is 8 years, 11 months old, is not yet 9.

2. For a suspected language disorder through age eight must the performance fall one and a half (1.5) standard deviations below the mean on standardized evaluation instruments?

Yes. For example an evaluation tool which has a mean of 100, the standard deviation is equal to 15 points. One and a half standard deviations equals 23 points, which means the student’s standard score must be at 77 or below to meet this portion of the eligibility criteria for language disorder.

3. Can subtest scores be used when figuring eligibility for language disorders?

No, subtest scores may not be used when determining if a student meets the criteria for having a language disorder.

4. If a student has a speech or language impairment as his primary disabling condition and he receives language therapy, upon turning age 9, does he have to be reevaluated with an ability measure and standardized language assessment?

No. Reevaluation must be completed at least once every three years, or if the child’s parent or teacher requests an evaluation or if conditions warrant.

5. Can clinical judgment be used when determining eligibility?

No. The administrative rule does not include the use of clinical judgment when determining eligibility.

6. Why are students required to take an ability measure after age nine?

After the age of nine, students are more likely to exhibit a specific learning disability rather than a language disorder. By requiring the use of an ability measure after the age of nine, the category of language disorder is aligned with the evaluative requirements of specific learning disabilities. This allows the IEP team to determine whether or not the educational difficulties are the results of a language disorder or learning disability.

TRAUMATIC BRAIN INJURY

SD Administrative Rules pertaining to eligibility criteria for traumatic brain injury:

24:05:24.01:29. Traumatic brain injury defined. A traumatic brain injury is an acquired injury to the brain caused by an external physical force, resulting in a total or partial functional disability or psychosocial impairment, or both, that adversely affects a student's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The terms does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

Adverse effects in educational performance must be verified through the multidisciplinary evaluation process as defined in §[24:05:13:01](#) (18).

Areas to be Assessed
<ul style="list-style-type: none">• Ability• Academic achievement• Speech/language• Adaptive behavior• Motor• Social skills• Current medical data should be made available• If the team decides there are other areas of suspected disability, other evaluations must be given, including, if appropriate, hearing, behavior, etc.
REMINDER- <ul style="list-style-type: none">• Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team.• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS

- 1. Can a student who has suffered an internal brain injury, such as a stroke or aneurysm, meet the criteria for eligibility under the category traumatic brain injury?**

Students who have had an internal brain injury, or who have a congenital or degenerative brain injury are not included in the definition of traumatic brain injury. This does not necessarily prohibit students with these conditions from receiving appropriate special education services. If a student with one of these conditions meets the eligibility criteria under another Individual with Disabilities Education Act (IDEA) category of disability and is determined to be in need of special education, then the student's IEP must call for provision of special education and related services based on an assessment of the student's unique needs. The student's subsequent placement must be based on the IEP and not on the identified category of disability.

- 2. If an eligible student is returning from a long term rehabilitative situation, what procedural steps should the receiving district take to prepare for the student?**

The steps a district will take vary with the intensity of the student's needs. It is a good idea for the receiving district to be in direct contact with the rehabilitation facility in order to facilitate a positive transfer back to the school setting. Work with the family to maintain the lines of communication. If it is possible, participate in staffings through Conference call or speak to the student's case manager from the facility. Keep actively involved and informed. The district may consider developing a short-term evaluation program to have in place upon an eligible student's return to school. The use of a short-term evaluation program provides the eligible student with special education services, while the district can observe and pursue additional evaluative information in order to develop an appropriate educational program.

VISION LOSS

SD Administrative Rule pertaining to eligibility criteria for visually impaired:

24:05:24.01:30 Vision loss including blindness defined. Vision loss including blindness is an impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes both partial sight and blindness.

A student with a vision loss has a deficiency in visual acuity that, even with the use of lenses or corrective devices, requires special education or special education and related services.

Partial sight is one or more deficiencies in visual acuity, as follows:

- (1) Visual acuity of no better than 20/70 in the better eye after correction;
- (2) Restricted visual field;
- (3) Limited ability to move about safely in the environment because of visual disability;

Blindness is a deficiency in visual acuity of 20/200 or less in the better eye with correcting lenses or a limited field of vision in which the widest diameter subtends an angular distance of no greater than twenty degrees or has a medically indicated expectation of visual deterioration.

Suggested evaluations to be conducted based on Vision Loss as a suspected disability-
<ul style="list-style-type: none">• Ophthalmological evaluation• Ability• Academic achievement• Adaptive behavior• Braille assessment (the team shall consider based upon age-appropriateness)• If the team decides there are other areas of suspected disability, other evaluations must be given, including, if appropriate, orientation and mobility, social skills etc.
REMINDER-
<ul style="list-style-type: none">• Transition evaluations will need to be conducted if the student is age 16, or at a younger age as determined by the IEP team.• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS

1. **Does a student who has been medically identified as either visually impaired or blind automatically qualify for special education services?**

Any student, regardless of his identified disability, must meet a two prong test to be considered eligible for special education in South Dakota.

- *First, the student must have an identified disability which meets the criteria outlined in SD Administrative Rule.*
- *Second, the disability must adversely affect educational performance which results in the need for special education or special education and related services.*

Therefore, it would be possible that a student could meet the eligibility criteria and have an identified disability; however, evaluation shows that the student's disability does not adversely affect his educational performance. Therefore, the student would not be considered in need of special education under South Dakota Administrative Rule.

2. **Where can families and professionals go to receive assistance with evaluations, training and program development when working with children who are visually impaired?**

Resources

South Dakota School for the Blind and Visually Impaired

423 17th Avenue SE
Aberdeen, SD 57401-7699



605-626-2580 (voice and TTY)
Toll-Free 1-888-275-3814
Fax: 605-626-2607



<http://sdsbvi.northern.edu/>

DEVELOPMENTAL DELAY

SD Administrative Rule pertaining to the eligibility criteria for developmental delay:

24:05:24.01:09. Developmental delay defined. A student three, four, or five years old may be identified as a student with a disability if the student has one of the major disabilities listed in § [24:05:24.01:01](#) or if the student experiences a severe delay in development and needs special education and related services.

A student with a severe delay in development functions at a developmental level two or more standard deviations below the mean in any one area of development specified in this section or 1.5 standard deviations below the mean in two or more areas of development.

The areas of development are cognitive development, physical development, communication development, social or emotional development, and adaptive development.

The student may not be identified as a student with a disability if the student's delay in development is due to factors related to environment, economic disadvantage, or cultural difference.

A district is not required to adopt and use the term developmental delay for any students within its jurisdiction. If a district uses the term developmental delay, the district must conform to both the division's definition of the term and to the age range that has been adopted by the division.

A district shall ensure that all of the student's special education and related services needs that have been identified through the evaluation procedures described under chapter [24:05:25](#) are appropriately addressed.

Areas to be Assessed
<ul style="list-style-type: none">• Standardized assessment provides information in the development areas, including cognitive, physical, communication, social and emotional or adaptive functioning.• If the team decides there are other areas of suspected disability, other evaluations must be given as appropriate.
REMINDER- <ul style="list-style-type: none">• Evaluations must be based upon the child's needs as determined by the IEP team. The purpose of conducting evaluations is to generate information in order to make decisions about eligibility, educational strategies and placement options.

COMMONLY ASKED QUESTIONS

1. **The category of developmental delay is specifically for use with children who are ages 3, 4 and 5 who are in need of special education or special education and related services. Upon turning age 6, does the child have to be automatically reevaluated to determine which category he may now be eligible under?**

Upon turning age 6, in order to receive special education services, the child must meet the criteria for eligibility outlined in administrative rules for the thirteen disability categories. It is the responsibility of the team to determine if they have current, appropriate evaluation information with which to make this determination. For some children, this may mean they will need to be reevaluated. For other children who have a current comprehensive assessment, reevaluation may not be necessary. The IEP team is responsible for ensuring that the child has been appropriately evaluated.

2. **Please explain the two different standard deviation measures given in ARSD 24:05:24.01:19 Developmental delay defined.**

A student can meet the criteria for developmental delay two ways. First, a student can be functioning at a developmental level of 2 or more standard deviations below the mean (usually a score of 70 or below on a standardized measure) in any one area of development (cognitive, physical, communication, social and emotional or adaptive functioning). The second way a student could meet the criteria is by functioning at a developmental level of 1.5 standard deviations (usually a score of 78 or below on standardized tests) in any two areas of development (cognitive, physical, communication, social and emotional or adaptive functioning).

3. **Is developmental delay the only disability category that can be used with students who are 3, 4 or 5 years old?**

No, a student who meets the criteria of any of the categories listed in administrative rule and who is determined to be in need of special education or special education and related services may be identified by that category.

The Related Services of Occupational Therapy and Physical Therapy

SD Administrative Rule pertaining to eligibility criteria for Occupational Therapy:

§24:05:27:22. Occupational therapy defined. Occupational therapy, as a related service, includes the development of fine motor coordination; sensory motor skills; sensory integration; visual motor skills; use of adaptive equipment; consultation and training in handling, positioning, and transferring students with physical impairments; and independence in activities of daily living.

§24:05:27:23. Criteria for occupational therapy. A student may be identified as in need of occupational therapy as a related service if:

- (1) The student has a disability and requires special education;
- (2) The student needs occupational therapy to benefit from special education; and
- (3) The student demonstrates performance on a standardized assessment instrument that falls at least 1.5 standard deviations below the mean in one or more of the following areas: fine motor skills, sensory integration, and visual motor skills.

SD Administrative Rule pertaining to eligibility criteria for Physical Therapy:

§24:05:27:24. Physical therapy defined. Physical therapy, as a related service, includes gross motor development; mobility; use of adaptive equipment; and consultation and training in handling, positioning, and transferring students with physical impairments.

§24:05:27:25. Criteria for physical therapy. A student may be identified as in need of physical therapy as a related service if:

- (1) The student has a disability and requires special education;
- (2) The student needs physical therapy to benefit from special education; and
- (3) The student demonstrates a delay of at least 1.5 standard deviations below the mean on a standardized motor assessment instrument.

Evaluations to be conducted to support the need for the related services:
--

-Standardized assessments that address the gross and/or fine motor needs of the student.
--

COMMONLY ASKED QUESTIONS

1. What are the requirements under IDEA for finding a student eligible for related services?

First, the student must be evaluated and determined to be a student with a disability which adversely affects educational performance, and who, because of those disabilities, needs special education or special education and related services.

Second, the related service must support the provision of special education, including transportation and those developmental, corrective, and other supportive services determined by an IEP team to be required for an eligible child to benefit from special education.

2. Are OT and/or PT services be considered as special education in South Dakota?

No. If it is determined through an appropriate evaluation, under chapter §24:05:25, that a student has one of the disabilities identified in this chapter, but only needs a related service and does not need special education/instruction, the student is not a student with a disability under this article. Unless they are determined eligible under one of the disability categories, these services would not be provided.

3. What are the requirements under IDEA for finding a student eligible for OT and/or PT services?

There are two answers to this question:

1. To be eligible for OT or PT as a related service, the evaluation team must establish the existence of a disability and educational need.

2. Once the child is determined to be eligible for special education services, the IEP team will develop the student's special education program. The IEP team will identify which related services (if any) the child needs in order to benefit from the special education program. OT and PT may be added as a related service only if needed for the student to benefit from the special education program being provided.

4. Can a student receive OT and/or PT as a related service if they meet the 1.5 standard deviation but do not meet the criteria as a student with a disability?

No. The student must first meet the criteria as a student with a disability which adversely affects educational performance under one of the 13 disability categories.

5. How are OT and/or PT services discontinued from a student IEP?

The district shall follow the reevaluation procedures under ARSD §24:05:25:06 when determining whether the child continues to need special education and related services.

6. How is eligibility for sensory integration service determined?

Once the student is determined to be eligible for special education services, the IEP team will develop the student's special education program. The IEP team will identify which related services (if any) the student needs in order to benefit from the special education program. OT (sensory integration) may be added as a related service if the student meets the criteria and if needed for the student to benefit from the special education program being provided.

PROLONGED ASSISTANCE

SD Administrative Rule pertaining to eligibility criteria for prolonged assistance:

24:05:24.01:15. Prolonged assistance defined. Children from birth through two may be identified as being in need of prolonged assistance if, through a multidisciplinary evaluation, they score two standard deviations or more below the mean in two or more of the following areas: cognitive development, physical development including vision and hearing, communication development, social or emotional development, and adaptive development.

Evaluations to be conducted based on prolonged assistance as a suspected disability-

-Standardized assessment which provides assessment in all developmental areas: cognitive, physical, communication, social and emotional, and adaptive functioning.
--

COMMONLY ASKED QUESTIONS

1. What age group does prolonged assistance apply to?

Prolonged assistance applies only to children, birth through age two. Upon turning three, the IEP team must utilize developmental delay and the other thirteen categories to determine if a child is in need of special education or special education and related services.

2. Who is responsible for paying for the evaluation of children who are suspected of being in need of prolonged assistance?

School districts are required to implement the child find procedures under ARSD [24:05:22](#). Evaluation procedures are included in each local school district's comprehensive plan.

If a school district does not suspect a child would be eligible under Part B as a "child with a disability," then the district is not required to evaluate the child. However, the school district must notify the parents that they are not going to evaluate their child following the prior notice requirements found in ARSD Chapter [24:05:30](#), Procedural Safeguards.

IEP TEAM OVERRIDE

SD Administrative Rules pertaining to IEP team override:

24:05:24.01:31. IEP team override. If the IEP team determines that a student is eligible for special education or special education and related services because the student has a disability and needs special education even though the student does not meet specific requirements in this chapter, the IEP team must include documentation in the record as follows:

- (1) The record must contain documents that explain why the standards and procedures that are used with the majority of students resulted in invalid findings for this student;
- (2) The record must indicate what objective data were used to conclude that the student has a disability and is in need of special education. These data may include test scores, work products, self-reports, teacher comments, previous tests, observational data, and other developmental data;
- (3) Since the eligibility decision is based on a synthesis of multiple data and not all data are equally valid, the team must indicate which data have the greatest relative importance for the eligibility decision; and
- (4) The IEP team override decision must include a sign-off by the IEP team members agreeing to the override decision. If one or more IEP team members disagree with the override decision, the record must include a statement of why they disagree signed by those members.

The district director of special education shall keep a list of students on whom the IEP team override criteria were used in order to assist the state in evaluating the adequacy of student identification criteria.

COMMONLY ASKED QUESTIONS

1. If a district uses the IEP team override process, exactly what are they saying?

In utilizing the IEP team override process, the IEP team is saying that a student has a disabling condition and requires special education, even though the student does not meet all the eligibility criteria defined in administrative rule. The team is making the statement that although the tests given to the student were valid, reliable, and appropriate, they have resulted in invalid results for that student.

2. What are the procedures a district must follow when using the IEP team override?

The district must follow all the basic evaluation procedures outlined in ARSD Chapter [24:05:25](#), Evaluation and Placement Procedures, in order to determine a student's eligibility for special education services. The responsibility for conducting a student's evaluation rests with the IEP team. All of the decisions are made by the IEP team as a whole, including the parents, not by one individual alone.

Each student who is evaluated for a suspected disability must be measured against his own expected performance and not against some arbitrary general standard. The IEP team, including the parents, must determine which tests and evaluation materials are used to evaluate the student. In the evaluation process, professional judgment plays a role in decision making.

In order for a school district to consider the use of the IEP team override, the district must have completed all of the required evaluation procedures in ARSD Chapter [24:05:25](#), Evaluation and Placement Procedures. Only then, will the school district be in the position of documenting and explaining why the standards and procedures used with most students were not valid for the student in question. The documented explanation, coupled with objective data, will serve as the basis for determining eligibility. IEP team members who agree to the override decision must sign-off to this effect. Those members who disagree must make a statement as to why they disagree, include it with the record and sign off.

The district is responsible for maintaining a list of those students on whom a IEP team override decision was used for determining eligibility for special education services.

3. Can a student who has been determined to be eligible through the override process be listed on child count?

Yes. The student may be listed on child count if he is enrolled in school and has been receiving special education and related services as noted on the IEP as of December 1 of the count year.

4. We have a student who we have a “gut feeling” needs special education. Is this enough to document the placement committee override process?

No. The IEP team must document through objective data how they concluded the student has a disability and is in need of special education. The data may include test scores,

work products, self-reports, teacher comments, previous tests, functional assessment, observational data, and other developmental data.

5. During the compliance monitoring process, can Special Education Programs overrule the local IEP team's decision of using an override? What sanctions will Special Education Programs use if a district incorrectly completes an override or has too many students on overrides?

The Special Education Programs staff will not overrule a local IEP team's decision. Through the monitoring process, staff will review the district's procedures and the use of the override process. In the compliance monitoring process, systemic problems are the area of focus. Therefore, if through monitoring the team finds that a district is not following all the administrative rule components for the IEP team override process, district staff can expect that the office will ask the district to pursue corrective action to correctly use the IEP team override process.

There is no set number of students allowed to be made eligible through the override process. The nature of the process dictates that it will be used very narrowly and infrequently. Districts are required to keep a list of the students made eligible through the override process to assist the state in evaluating the adequacy of the student identification criteria. In reviewing this list, the state will be able to have immediate information on the numbers of students identified and the disabling condition under which the override was applied. A high number of students made eligible through the override procedure might suggest that the district is not accurately applying the IEP team override process, as use of the override should occur on a limited basis. This type of information would prompt the monitoring team to review the override procedures used by the district to determine if it is being applied according to administrative requirements. If it is determined that the district has applied the override procedures correctly, no corrective action would be required.

Suggested IEP Team Override Form

STUDENT _____ BIRTHDATE ______
AGE _____ SEX M / F
GRADE _____ SCHOOL _____
PARENT/GUARDIAN _____
ADDRESS _____ ZIP _____ PHONE _____
DATE OF MEETING ______

The IEP team **must** document the following:

1. Explain why the standards and procedures that are used with the majority of students resulted in invalid findings for this student.
1. Indicate what objective data were used to conclude that the student has a disability and is in need of special education. Data may include test scores, work products, self-reports, teacher comments, previous tests, observational data, and other developmental data.
3. Indicate which data have the greatest relative importance for the eligibility determination.
4. IEP team members must sign-off agreeing to the override decision. If one or more IEP team members disagree with the override decision, the disagreeing members must include a statement of why they disagree, signed by those members.

IEP team member signatures:

Name	Title	Agree w/Override
_____	_____	Yes No-attach report
_____	_____	Yes No-attach report
_____	_____	Yes No-attach report
_____	_____	Yes No-attach report
_____	_____	Yes No-attach report
_____	_____	Yes No-attach report

DETERMINATION OF ELIGIBILITY/CONTINUED ELIGIBILITY

Students Name: _____ Date: _____

Summary of Evaluation Reports

(Basis for making the determination is drawn from a variety of sources, including aptitude and achievement tests, parent input and teacher recommendations, as well as information about the child's physical condition, social or cultural background, and adaptive behavior)

Name of Test

Date Administered

Test Scores/Results

[illegible]

List the academic, developmental, and functional needs of the student resulting in an adverse effect on the child's educational performance.

[illegible]

REQUIRED DOCUMENTATION FOR SPECIFIC LEARNING DISABILITIES

Check the appropriate box:

☐ RtI criteria will be used to determine eligibility.

OR

☐ Discrepancy criteria will be used to determine eligibility.

If the child has participated in a process that assesses the child's response to scientific, research-based intervention document the following:

The instructional strategies used in the RtI process that assesses the child's response to scientific, research-based intervention: _____

Student-centered RtI data collected:

(Required for RtI and Discrepancy)

_____ The child **does** achieve adequately for the child's age or to meet state-approved grade-level standards in the following areas, when provided with learning experiences and instruction appropriate for the child's age or state-approved grade-level standards.

The child **does not** achieve adequately for the child's age or to meet state-approved grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the child's age or state-approved grade-level standards:

- _____ Oral Expression
- _____ Listening Comprehension
- _____ Written Expression
- _____ Basic Reading Skills
- _____ Reading Fluency Skills
- _____ Reading Comprehension
- _____ Mathematic Calculation
- _____ Mathematics Problem Solving

_____ Based upon the data gathered the evaluation team determines the child has not made sufficient progress to meet age or state-approved grade-level standards in one or more of the areas identified above when using a process based on the child's response to scientific, research-based interventions.

OR

_____ The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State-approved grade level standards, or intellectual development, that is determined by the team to be relevant to the identification of a specific learning disability in one or more of the areas identified above when using appropriate assessments.

(Required for RtI and Discrepancy)

Document data that demonstrate that prior to, or as part of, the referral process, the child was provided appropriate instruction in regular education settings by qualified personnel:

AND

Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child's parents:

Based upon the above data, the evaluation team must determine that the underachievement in the child suspected of having a specific learning disability:

_____ is due to the lack of appropriate instruction in reading or math; ***OR***
_____ is **not** due to the lack of appropriate instruction in reading or math.

(Required for RtI and Discrepancy)

Observation: Relevant behaviors, if any, noted during the observation of the child and relationship of those behaviors to academic functioning. The observation must occur in the child's learning environment (including regular classroom setting) to document the child's academic performance and behavior in the areas of difficulty. In the case of a child of less than school age or out of school, a group member must observe the child in an environment appropriate for a child of that age.

Observer _____ Dates of Observation _____

_____ Information from an observation in routine classroom instruction and monitoring of the child's performance was done before the child was referred for an evaluation:

OR

_____ Observation of the child's performance in the regular classroom was done after the child has been referred for an evaluation:

(Required for RtI and Discrepancy)

Educationally relevant medical findings, if any (attach medical report if needed):

(Required for RtI and Discrepancy)

The evaluation team determines that the child's achievement level problem is/is not primarily the result of:

- _____ Is _____ Is Not - Visual, hearing or motor disabilities;
- _____ Is _____ Is Not - Cognitive disability;
- _____ Is _____ Is Not - Emotional disturbance;
- _____ Is _____ Is Not - Cultural factors;
- _____ Is _____ Is Not - Environmental or economic disadvantage;
- _____ Is _____ Is Not - Limited English proficiency.

If the child has participated in a process that assesses the child's response to scientific, research-based intervention:

Document how and when parents were notified about the State's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided, strategies for increasing the child's rate of learning and the parents right to request an evaluation.

1. SPECIFIC LEARNING DISABILITY - Based upon the above information the team agrees the child:

- _____ has a specific learning disability
- _____ does not have a specific learning disability

This report reflects my conclusions. If not, person(s) in disagreement will indicate such and may submit a separate statement.

Name	Position	
_____	_____	() Agree () Disagree
_____	_____	() Agree () Disagree
_____	_____	() Agree () Disagree
_____	_____	() Agree () Disagree
_____	_____	() Agree () Disagree
_____	_____	() Agree () Disagree
_____	_____	() Agree () Disagree
_____	_____	() Agree () Disagree

2. COGNITIVE DISABILITY - The following characteristics are indicative of students in need of special education due to a cognitive disability.

- ☐ General intellectual functioning 2 standard deviations or more below the mean as determined by the full scale score on an individual cognitive evaluation, plus or minus standard error of measurement.
- ☐ Exhibits deficits in adaptive behavior and academic or pre-academic skills as determined by an individual evaluation.

3. DEVELOPMENTAL DELAY - The following characteristics are indicative of children 3, 4, or 5 years old who are in need of special education due to a developmental delay. Check those that apply:

- ☐ Functions at a developmental level 1.5 standard deviations below the mean in any two developmental areas; or
- ☐ Functions at a developmental level 2 standard deviation below the mean in any one area of development.

Check the areas of development:

- | | |
|--|---|
| <input type="checkbox"/> Adaptive Functioning Skills | <input type="checkbox"/> Social and Emotional Development |
| <input type="checkbox"/> Cognitive Development | <input type="checkbox"/> Physical Development |
| <input type="checkbox"/> Communication Development | |

4. HEARING LOSS

☐ A student may be identified as having a hearing loss when an unaided hearing loss of 35 to 69 decibels is present that makes the acquisition of receptive and expressive language skills difficult with or without the help of amplification.

5. DEAFNESS

☐ The unaided hearing loss is in excess of 70 decibels and precludes understanding of speech through the auditory mechanism, even with amplification, and demonstrates an inability in processing linguistic information through hearing, even with amplification.

6. DEAF-BLINDNESS

☐ Students may be identified as deaf-blind when both a vision and hearing impairment exists which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

7. EMOTIONAL DISTURBANCE - The following characteristics are indicative of students in need of special education due to an emotional disturbance. Check those that apply:

- ☐ An inability to learn which cannot be explained by intellectual, sensory or health factors.

- ___ An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- ___ Inappropriate types of behavior or feelings under normal circumstances.
- ___ A general pervasive mood of unhappiness or depression.
- ___ A tendency to develop physical symptoms or fears associated with personal or school problems.

The following criteria must also be met:

- ___ The serious behavior problems occur over a long period of time (not less than 6 months).
- ___ Documentation from 2 or more sources (one must be the school) of the frequency & severity of the targeted behaviors.
- ___ Student's performance falls 2 standard deviations below the mean in emotional functions as measured in school, home, and community on nationally formed technically adequate measures.
- ___ An adverse effect on educational performance is verified through the evaluation process.

8. SPEECH OR LANGUAGE DISORDER - Check those that apply:

ARTICULATION DISORDER:

- ___ Performance on a standardized articulation test falls 2 standard deviations below the mean & intelligibility is affected in conversation; or
- ___ Test performance is less than 2 standard deviations below the mean but the student is judged unintelligible by the speech language clinician and one other adult; or
- ___ Performance on a phonological assessment which falls in the profound or severe range & intelligibility is affected in conversation; or
- ___ An error persists 6 months to 1 year beyond the chronological age when 90% of students have typically acquired the sound based on developmental articulation norms.

FLUENCY DISORDER:

- ___ The student consistently exhibits one or more of the following symptomatic behaviors of dysfluency:
 - (a) Sound, syllable, or word repetition;
 - (b) Prolongations of sounds, syllables, or words;
 - (c) Blockages; or
 - (d) Hesitations.
- ___ There is a significant discrepancy from the norm (5 dysfluencies per minute) as measured by speech sampling in a variety of contexts; or
- ___ The disruption occurs to the degree that the individual or persons who listen to the individual evidence reactions to the manner of speech and the disruptions so that communication is impeded.

VOICE DISORDER:

- ___ **Consistent deviations in one or more of the parameters of voice: pitch, quality, or volume exist; and**
- ___ **The voice is discrepant from the norm as related to age, gender, and cultural and is distracting to the listener;**
and
- ___ **The disorder is not the result of a temporary problem such as: normal voice changes, allergies, colds, or other such conditions.**

LANGUAGE DISORDER:

- ___ **Through age 8, performance falls 1.5 standard deviations below the mean on standardized evaluations;**
- ___ **Beginning at age 9, a difference of 1.5 standard deviations between performance on a individually administered language instrument and expected potential as measured by an individually administered intelligence test.**
- ___ **The student's pragmatic skill, as measured by checklists, language samples and/or observation, adversely affects the student's academic and social interactions.**

9. MULTIPLE DISABILITIES

___ Concomitant impairments (such as a cognitive disability-blindness or a cognitive disability-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blindness.

10. VISION LOSS -A deficiency in visual acuity shall be one of the following:

___ Visual acuity of no better than 20/70 in the better eye after correction; or
___ Restricted visual field; or
___ Limited ability to move about safely in the environment due to a visual disability; or
___ Blindness - Visual acuity of 20/200 or less in the better eye with correcting lenses or a limited field of vision

such that the widest diameter subtends an angular distance of no greater than 20 degrees or has a medically indicated expectation of visual deterioration.

11. ORTHOPEDIC IMPAIRMENT - There must be evidence of the following:

___ Impaired motor functioning significantly interferes with educational performance; and
___ Deficits in muscular or neuromuscular functioning that significantly limits the student's ability to move about,
sit, or manipulate materials required for learning; and
___ Student's bone, joint, or muscle problems affect ambulation, posture, or gross and fine motor skills; and
___ Medical data by a qualified medical evaluator describes and confirms an orthopedic impairment.

12. AUTISM - An autistic disorder is present in a student if at least 6 of the following 12 characteristics are expressed by a student with at least two of the characteristics from subdivision (1), one from subdivision (2), and one from subdivision (3):

(1)Qualitative impairment in social interaction, as manifested by at least two of the following:

___ Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression,
body postures, and gestures to regulate social interaction;
___ Failure to develop peer relationships appropriate to developmental;
___ A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people such as lack
of showing, bringing, or pointing out objects of interest;
___ Lack of social or emotional reciprocity;

(2)Qualitative impairment in communication as manifested by at least one of the following:

___ Delay in or total lack of, the development of spoken language not accommodated by an attempt to compensate
through alternative modes of communication such as gesture or mime;
___ In individual with adequate speech, marked impairment in the ability to initiate or sustain conversation with
others;
___ Stereotyped and repetitive use of language or idiosyncratic language;
___ Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level;

(3)Restricted repetitive and stereotyped patterns of behavior, interests, and activities as manifested by at least one of the following:

___ Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal
either in intensity or focus;

- ___ Apparently inflexible adherence to specific, nonfunctional routines or rituals;
 - ___ Stereotyped and repetitive motor mannerisms such as hand or finger flapping or twisting, or complex whole-body movements;
 - ___ Persistent preoccupation with parts of objects.
- A student with autism also exhibits delays or abnormal functioning in at least one of the following areas, with onset generally prior to age three:
- ___ Social interaction;
 - ___ Symbolic or imaginative play;
 - ___ Language as used in social communication.

13. OTHER HEALTH IMPAIRED

___ Having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that : Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, Tourette syndrome, nephritis, rheumatic fever, and sickle cell anemia; and That adversely affects a student's educational performance.

14. TRAUMATIC BRAIN INJURY

___ An acquired injury to the brain caused by an external physical force, resulting in a total or partial functional disability or psychosocial impairment, or both, that adversely affects a student's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory; perceptual; and motor abilities; psychosocial behavior; physical functions; information processing; and speech.

The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

ELIGIBILITY DETERMINATION:

___ **YES - The team agrees this student:**

- a. has a diagnosed disability;
- b. the disability adversely effects the students educational performance; and
- c. the student requires specifically designed instruction to benefit from a free appropriate public education.

___ **NO** – The student is not eligible for special education or special education and related services.

The team determined this student meets eligibility criteria under the following category: (check the category that will be reported on child count)

- | | |
|---|--|
| ___ 500 - Deaf-Blindness | ___ 540 – Vision Loss |
| ___ 505 - Emotional Disturbance | ___ 545 – Deafness |
| ___ 510 – Cognitive Disability | ___ 550 – Speech/Language |
| ___ 515 - Hearing Loss | ___ 555 - Other Health Impairment |
| ___ 525 – Specific Learning Disability | ___ 560 – Autism |
| ___ 530 - Multiple Disabilities (list category(s) of eligibility) | ___ 565 - Traumatic Brain Injury |
| ___ 535 - Orthopedic Impairment | ___ 570 - Developmental Delay |
| | (cognitive, physical, communication, adaptive, social/emotional) |

RELATED SERVICES – Student need to be determined during IEP program development

1. Criteria for Occupational Therapy Services

The student has a disability and requires special education; the student needs occupational therapy to benefit from special education; and the student must demonstrate performance on a standardized assessment instrument that falls at least 1.5 standard deviations below the mean in one or more of the following areas: fine motor skills, sensory integration, or visual

motor skills.

2. Criteria for Physical Therapy Services

The student has a disability and requires special education; the student needs physical therapy to benefit from special education; and the student must demonstrate performance on a standardized assessment instrument that falls at least 1.5 standard deviations below the mean on a standardized motor assessment instrument.

3. Speech – Language Pathology

To be provided as a related service, the IEP team must determine that the related service is necessary in order for the student to benefit from the special education program.

